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ABSTRACT

This hearing was the second in a series examining the impact of homelessness and dislocation on young people in America. This session focused on the problems of homeless and runaway adolescents. Witnesses described the need for multiple services for this population, for effective provision of services, and for greater coordination and planning. Opening statements were presented by Senators Christopher J. Dodd and Orrin M. Hatch. Statements and testimony of 12 participants were included in the hearing. Subjects covered in this session included the following issues and programs: (1) the Runaway and Homeless Youth Program; (2) incidence of runaway and homeless youth; (3) characteristics of runaway and homeless youth; (4) multiproblem youth; (5) transitional living models and programs; (6) the Independent Living Initiatives Program; (7) drug abuse prevention, AIDS prevention, and health care programs for runaway and homeless youth; (8) causes and consequences of homelessness; (9) barriers to service; (10) family reunification of runaway youth; (11) family problems, degree of resolvability, and appropriate levels of independence for young people from troubled homes; (12) varieties of service available through shelters; and (13) homeless youth in the suburbs. Descriptions of crisis intervention programs and shelters in Kansas City, Boston, Washington, D.C., Chicago, and suburbs south of San Francisco were included in the hearing. (AF)

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S. HRG. 101-822

STREET KIDS—HOMELESS AND RUNAWAY YOUTH

ED325590

HEARING

BEFORE THE

SUBCOMMITTEE ON
CHILDREN, FAMILY, DRUGS AND ALCOHOLISM

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

ON

EXAMINING THE IMPACT OF HOMELESSNESS AND DISLOCATION ON YOUNG PEOPLE IN AMERICA

FEBRUARY 7, 1990

Printed for the use of the Committee on Labor and Human Resources

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STREET KIDS—HOMELESS AND RUNAWAY YOUTH

WEDNESDAY, FEBRUARY 7, 1990

U.S. SENATE,
SUBCOMMITTEE ON CHILDREN, FAMILY,
DRUGS AND ALCOHOLISM,
OF THE COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The subcommittee met, pursuant to notice, at 1:25 p.m., in room SD-430, Dirksen Senate Office Building, Senator Christopher Dodd (chairman of the subcommittee) presiding.

Present: Senators Dodd, Kassebaum, and Coats.

OPENING STATEMENT OF SENATOR DODD

Senator DODD. Again, I want to welcome all of you who are here today before the Subcommittee on Children, Family, Drugs and Alcoholism. Today's hearing, as you all know, focuses on street kids, runaway and homeless youth.

This is the second in a series of hearings examining the impact of homelessness and dislocation on young people in America.

Our very first hearing explored the trauma to young people and their families that results from dislocation and uncertainty. We heard eloquent and worrisome testimony about homelessness and its profound threat to normal childhood development.

Today we are going to look at older homeless and dislocated youth. I would note that this afternoon's session coincides with the National Conference of the National Network of Runaway Youths here in Washington, and I want to welcome all of the people who are associated with that conference to this hearing room and congratulate you on the fine work that you have been doing in this subject area. It is wonderful to see people who are deeply committed to that issue.

We particularly appreciate the participation of Dr. Wade Horn, the new Commissioner of the Administration for Children, Youths, and Families in the Department of Health and Human Services. I believe, Doctor, this is your first Senate hearing, and as such I want to welcome you to the Senate. I am pleased that the subject we'll be covering today is one of importance and priority to you as well.

Homeless and runaway adolescents are a very special group of people. They have very special and specific needs. They have special importance as members of the next generation of adult Americans to the future of our country.

Also, the issue of troubled adolescents is of special personal interest to me. I would like to read you a quotation. Normally, it is difficult to find quotes that you think are particularly applicable, but I'd like to share one with you today. This quote from this gentleman said: "We can build new institutions and programs." This is talking about homeless and runaway youth and the importance of therapeutic intervention. This individual said: "We can build new institutions and programs by the dozens, and we can create employment and education opportunities for every delinquent in the country. But these alone will not work miracles unless the delinquent also gets professional treatment. This treatment is what we today know as counseling, therapy, or probation casework. At its best, it brings about an interaction between a skilled practitioner and a delinquent, which can change the latter's attitudes and behavior, and perhaps, the whole course of his or her life. This treatment cannot be substituted with anything else. By the time a young boy or girl gets in serious trouble with the police, they almost always have other problems as well. They may be problems in the family, problems in school, at work, in the community. They have problems of rejection, of misunderstanding, of discrimination, and often of cruelty. They are painful experiences for a young mind. They are experiences which, little by little, cause distortions in the personality which warp emotions and which build a wall of loneliness and isolation."

Now, that quote is from my father, and that was part of a hearing 22 years ago on runaway youth. He was the late Senator from my home State, and he introduced the Juvenile Delinquency Prevention and Control Act of 1968, which became the parent legislation for the Runaway Youth Act of 1974.

Normally as children, we don't know what our fathers are doing, and 22 years ago I was certainly vaguely aware of what he was involved in. Never did I think 22 years ago that I would be sitting at this table, chairing this subcommittee, quoting my father on legislation that he had introduced 22 years ago. So it was particularly pleasant going back and doing the research to find that he had been deeply involved in this question almost a generation ago.

Unfortunately, we simply don't understand and haven't addressed the problems of homeless and dislocated youth since that time. Since the legislation in my father's era, Federal assistance has been largely limited to temporary shelters. While temporary shelter is vital, the complex needs of these adolescents require a continuum of other services as well—ongoing counseling, outreach programs, alternative school programs, medical care.

We also need to better understand who these children are and why they are where they are. Popular misconceptions abound and obstruct our ability to seriously confront these problems. Runaways have been romantically portrayed in literature as Tom Sawyers or circus boys and girls. The media, conversely, often presents an oversimplified picture of teenage drug abusers or prostitutes. Many in the public presume that "street kids" are solely children of poverty. These stereotypes need to be dispelled.

The fact is that their backgrounds, runaway youth, are as diverse as this Nation. They are rich, poor, black, white, rural, urban. More and more, they are simply products of separation and

divorce, of stress or inability to cope, the results of dysfunctional families. Many of them are middle-class. Street kids are perhaps the most telling evidence of the increasing unravelling and disintegration of so many American families. And the numbers of street kids are growing, and growing rapidly.

I want to mention a bill that I have introduced, which will deal—at least, we hope it will deal with many of the issues that will be raised today. It is called the Young Americans Act, and the number is S.1911. This legislation spells out or tries to spell out a national policy of commitment to providing children and youth with the best possible conditions as they grow up. At the Federal level, it also makes the Administration on Children, Youth and Families a permanent statutory entity and would generate policy recommendations through a new advisory council an d through a White House Conference on Children and Youth.

Finally, the bill authorizes grants to State to increase coordination of programs for youth and to demonstrate methods of filling service gaps.

Today's witnesses will describe the need for multiple services for homeless and runaway youth, and the need to be as effective as possible in providing these services. We know that greater coordination and planning is needed.

Today we are all hear to learn. We are fortunate to have experts in this field who will appear before the subcommittee this afternoon—program directors who will each discuss different aspects of the help and services that these young people need. And we will also hear from the real experts, the very children who have lived a street life.

I want to thank all of you again for being here today and for the work that many of you are doing in this field already.

We will now receive an opening statement by Senator Hatch.

[The opening statement of Senator Hatch follows:]

OPENING STATEMENT OF SENATOR HATCH

Senator HATCH. Mr. Chairman, I am pleased to be here this afternoon to hear the views of these distinguished witnesses regarding homeless and runaway youth. Surely, this is a matter of serious concern to us all.

I have noted the statistics that show increased numbers of runaway and homeless youth and the difficult emotional and physical problems these children have. I am eager to hear good suggestions of what we in Congress can do to help homeless and runaway you get off the streets. They deserve an opportunity to pursue the American dream.

I want to commend those of you here today who have dedicated your lives to working with these kids. And, without the attention and concern of thousands of dedicated volunteers, these kids would have no where to turn. I look forward to hearing from you on how we can facilitate your work without microimanaging it.

An estimated one million children and youth run away from home each year. Studies show that most leave home because of poor relationships with their parents. Many of these kids have been physically or sexually abused. According to Joe Leiker, Youth

Program Specialist for the Division of Family Services in Utah, of the 1,529 runaways that were served by them in 1988, over half of these kids left because they were abused. But, their problems are not solved once they leave home and hit the streets.

In the past 10 years, there have been some dramatic changes in the types of problems these kids are dealing with out on their own. The street are dark and scary places to lve. Shelters have found that teenage runaways and homeless youth become easey targets for exploitation, and many end up resorting to prostitution or drug dealing as their only menas of income. This situation not only leaves these kids in emotional shambles, but they may also suffer physically in a variety of ways such as contracting a sexually transmitted disease or becoming a drug addict.

Mr. Chairman, these kids need our help. The odds are against them. And, as I look at the younger generation, I see this country's future. We need to do what we can to prevent these young people from leaving or losing their homes and make sure they are given every chance for a family, a home, and a job in a secure environment that too many of us take for granted.

I look forward to today's testimony, and I hope we can find some workable and realistic solutions.

Senator DODD. As our first witness this morning, we have Dr. Wade Horn, who is the Commissioner of the Administration for Children, Youth and Families. With him is Ms. Carol Behrer.

Dr. Horn, we appreciate your being with us today. We know the importance which you place on these questions, and we want to thank you again for taking the time and making this your first Senate appearance. We are anxious to receive your testimony.

I would say to you, Dr. Horn, as well as to all of our witnesses that we will accept every piece of testimony you have as part of the record, but for the purposes of expediting the hearing, if you would try and paraphrase your statements, so we can move on to the questions as soon as possible.

Again, we thank you for being here, and you can proceed in any way that you find most comfortable.

STATEMENT OF DR. WADE F. HORN, COMMISSIONER, ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, ACCOMPANIED BY CAROL BEHRER, ASSOCIATE COMMISSIONER, FAMILY AND YOUTH SERVICES BUREAU

Dr. HORN. Well, Mr. Chairman, I am pleased to appear before this distinguished subcommittee to discuss the issues of homeless youth, especially as they concern the programs of my agency, the Administration for Children, Youth and Families.

I am well aware of the subcommittee's concern for the well-being of America's homeless youth, and I assure you that I share this concern. Indeed, although I am a child psychologist by training who has dealt with troubled youth on a professional basis, within two weeks of being confirmed as Commissioner for ACYF, I made a special effort to visit two runaway and homeless youth shelters in the State of New Mexico to learn first-hand of the needs of this population of young people.

I am accompanied today by Carol Behrer, who is the Associate Commissioner of the Family and Youth Services Bureau.

Today I have submitted to the subcommittee a document that describes briefly four programs through which my agency is actively seeking to address the problems of our homeless youth. I'd like to summarize for you today the highlights of my written submission.

The Runaway and Homeless Youth Program is the central and oldest component of my agency that addresses the problems of homeless youth. When established by Congress in 1974, the program was called simply the Runaway Youth Program, and its major goal was to reunite runaway youth with their parents.

Back in the mid-1970's, most of us assumed that runaway youth, even street youth, had homes to which they could return. The first runaway projects were built on the assumption that once the youth were reunited with their parents, followup counseling and other social supports would enable the parents to carry out their responsibilities.

In 1977, the runaway program was broadened to include homeless youth—those youth who can't go home again because their earlier homes or families no longer existed, or because to return home is not safe.

Since that time, our program has served both types of youth—those who can go home again and those who can't.

In fiscal year 1989, the Runaway and Homeless Youth Program provided over $24 million in financial support to 343 grantees called "basic centers". These basic centers provide shelter, food, clothing, counseling and other services to an estimated 63,000 runaway and homeless youth annually.

The services of the Runaway and Homeless Youth Basic Center Program are essentially short-term crisis interventions. During this time, shelter staff counsel, feed and clothe the youth in their care. When appropriate, they refer them to local social, health, educational and other institutions that can provide long-term support. Above all, they try to reunite the youth with their parents.

Approximately half of the youth receiving ongoing services in our shelters return to live with their parents or guardians. One-third are placed in other safe living arrangements such as with other relatives or friends, in foster homes, or in group homes. Unfortunately, about 14 percent of the youth literally return to the streets or leave with no planned destination.

In addition, over the past four or five years some of the shelters began informing us that they were serving more and more multiproblem youth, youth who were not only in conflict with their parents, but also in conflict with their peers and their schools, youth who had profound emotional problems and who were also in trouble with law authorities, often for drug and alcohol-related behavior.

Because of this apparent trend toward more troubled, multiproblem youth being served by Federally-funded shelters, ACYF is presently reexamining the regulation that limits shelter stays to 15 days. We are concerned that this limitation on the length of time a youth may receive shelter has contributed to shelter-hopping by some youth, that it is inconsistent with several State regulations,

and that it does not allow sufficient time to effectively intervene in the lives of these troubled young people.

Let me emphasize that we do not intend to change the primary focus of this program from crisis intervention and emergency services to long-term placements for young people. However, it does appear that the Federal 15-day limitation may need to be revised to enable Federally-funded shelters to better serve runaway and homeless youth.

I am pleased to inform this subcommittee that ACYF is now launching the new Transitional Living Program for Homeless Youth. An announcement of the availability of funds under this program is now being developed, and we plan to award grants this summer to projects that will provide long-term shelter for up to 18 months and services to help older homeless youth become independent and responsible adults.

A third program within ACYF, the Independent Living Initiatives Program, provides funds to State governments for services that help youth make a successful transition from foster care to independent living. In doing so, we believe we are preventing episodes of homelessness among these youth.

The Drug Abuse Prevention Program for Runaway and Homeless Youth is our fourth program, which focuses directly on services to homeless youth. We first implemented this new program in fiscal year 1989, awarding 104 grants to public and private nonprofit organizations and agencies to address the drug abuse problems among runaway and homeless youth. The activities of these grantees include counseling, referrals to treatment, community and school-based prevention, education efforts, and the development of community support systems and other resources where services are minimal.

In addition to these four service programs for which we are directly responsible, ACYF is collaborating closely with the Public Health Service, the National Institute on Drug Abuse, and the Centers for Disease Control to provide medical and AIDS prevention services to homeless youth.

With this testimony, and especially in my written submission, I have briefly traced for you the evolution of the Runaway and Homeless Youth Program from the modest number of projects that initially focused exclusively on runaway youth to a comprehensive set of programs that take into account the problems of both runaway and truly homeless youth. Programs administered by ACYF now include components that deal with transitional living for older homeless youth, with independent living for youth coming out of foster care, and with drug abuse prevention among homeless youth.

We will continue these efforts to improve and make more responsive the ACYF programs that are designed to serve this population.

I hope this information has been helpful, and I will be happy to answer any questions that you may have.

[The prepared statement of Dr. Horn follows:]

PREPARED STATEMENT OF WADE F. HORN, PH.D.

INTRODUCTION

Mr. Chairman, I am pleased to appear before this distinguished Subcommittee to discuss the issues of homeless youth, especially as they concern the programs of my agency, the Administration for Children, Youth and Families (ACYF). I am well aware of the Subcommittee's concern for the wellbeing of America's homeless youth, and I assure you that I share this concern.

I am accompanied today by Carol Behrer, Associate Commissioner of the Family and Youth Services Bureau.

Today I would like to describe briefly four programs through which my agency is actively seeking to address the problems of our homeless youth. The first is our Basic Center program, which provides short-term shelter, food, clothing, and counseling to runaway and homeless youth while we try to reunite youth with their families. The second is our Transitional Living Program, which provides longer-term care to older homeless youth and which imparts basic living skills. The third is our Independent Living Program which imparts basic living skills to youth in foster care, enabling them to assume responsibility for themselves outside the welfare system. The fourth is our Drug Abuse Prevention Program for Runaway and Homeless Youth, which focuses on one of the most serious problems facing street youth.

Through these programs, homeless youth are provided the support, training and skills that will enable them to become adults in the full sense: independent, responsible, healthy, productive, and caring.

I would also like to interpret briefly these programs for you in light of my background as a practicing psychologist, which was my profession for a number of years before being appointed ACYF Commissioner.

THE RUNAWAY AND HOMELESS YOUTH PROGRAM

The Runaway and Homeless Youth Program is the central, and oldest, component of my agency that addresses the problems of homeless youth. When established by the Congress in 1974, the program was called simply the Runaway Youth Program, and its major goal was to reunite runaway youth with their parents.

Back in the mid 1970's, most of us assumed that runaway youth, even street youth, had homes to which they could return. The first runaway projects were built on the assumption that once the youth were reunited with their parents, followup counseling and other social supports would enable the parents to carry out their responsibilities. The principle behind this approach is that parents have the first responsibility in helping their children become mature adults.

Homeless Youth. In 1977, the runaway program was broadened to include homeless youth--those youth who can't go home again because their earlier homes or families no longer exist, or because to return home is not safe. Since that time, our program has served both types of youth: those who can go home again, and those who can't.

Basic Centers. In fiscal year (FY) 1989, the Runaway and Homeless Youth Program provided $24,230,700 in financial support to 343 grantees, called Basic Centers. These Basic Centers provided shelter, food, clothing, counseling and other services to an estimated 63,000 runaway and homeless youth annually.

The services of the Runaway and Homeless Youth Basic Center Program are essentially short-term, crisis interventions. By regulation, stays in our shelters are limited to 15 days. During this time, shelter staff counsel, feed, and clothe the youth in their care. When appropriate, they refer them to local social, health, educational and other institutions that can provide long-term support. Above all, they try to reunite the youth with their parents. Approximately half of the youth receiving ongoing services in our shelters return to live with their parents or guardians. One-third are placed in other safe living arrangements, such as with other relatives or friends, in foster homes or in group homes.

Unfortunately, about 14 percent of the youth literally return to the streets or leave with no planned destination. We are keenly aware of the dangers of living on the streets and of leaving our centers with no planned destination. However, participation in our program is completely voluntary. These centers have been established outside the juvenile justice system. We can persuade, but we cannot force youth to stay or accept referrals.

Aftercare Study. In 1985, ACYF initiated an effort to determine the effectiveness of the services provided by our Federally-funded runaway and homeless youth shelters. We are encouraged by the preliminary results of this study. The study involved follow-up interviews of runaway and homeless youth and their parents during the period from 6 to 24 months after receiving shelter services. Here are highlights of the changes reported in the lives of the youth we serve:

- 80 percent reported that their family relationships were either much or somewhat better. Only 7 percent reported their relationships were much or somewhat worse.
- 60 percent of the youth reported that their employment situation was either much or somewhat better. Only 4 percent reported their situation was somewhat worse.
- 81 percent reported their mental health as either much or somewhat better. Only 5 percent reported their mental health as somewhat worse.
- Self-reported suicide attempts declined by 70 percent.
- Heavy use of alcohol among the youth declined from 47 to 15 percent.

These findings clearly demonstrate that the Runaway and Homeless Youth Program brings about dramatic improvements in the lives of the youth it serves.

Incidence of Runaway and Homeless Youth. We estimate that there are approximately one million youth who run away from home in the course of a year, and who stay away at least one night. This estimate is based on a survey conducted in 1976. No comparable national study has been conducted since that time.

This early survey, while it gave us at the time an overall picture of the dimension of the runaway youth problem, is becoming less and less relevant to our current needs.

In the first place, the issue of homelessness was not addressed. And it has become increasingly clear the last several years that, for all their similarities, homeless youth and runaway youth are distinguished both by the problems they present and by the interventions they require.

Homeless youth are a hidden population. They are not static; they move around. They avoid contact with all the major institutions of our society: the schools, the police, medical services. They are hard to find.

Accordingly, we are now initiating a nationwide study that will give us more accurate data. Our current study will be based on direct contacts, direct interviews with a nationwide sample of youth, including both runaways and homeless. Our investigators also will investigate records of youth maintained by shelters, welfare agencies, and the juvenile justice system.

Further, the current study will survey the incidence of drug abuse among runaway and homeless youth, and will examine the role of drug abuse by family members in the decision of youth to run away. This information will be useful to us in implementing our new programs dealing with drug abuse prevention among runaway and homeless youth. The study will also examine the relationship of drug abuse by youth or by family members to youth suicide attempts.

Characteristics of Runaway and Homeless Youth

Information reported to us by our funded programs indicates that youth do not run away from home casually. Instead, one or more problems, often serious, trigger a young person's flight from shelter, food, clothing, and family. These problems generally arise from conflicts between a youth and his or her parents, or from conflicts with social institutions, such as schools and the juvenile justice or law enforcement systems.

During entrance interviews into our shelters, 62 percent of the youth cite a conflict with parents as their central reason for running away. While there exists great variety in the specific nature of these problem relationships--emotional conflict, alcohol problems, and physical and sexual abuse--it is evident that difficult, unhealthy interactions with parents are the primary reasons our youth run away.

To be specific, parental physical abuse is cited by 27 percent of the youth, parental domestic violence by 9 percent, parental sexual abuse by 6 percent, physical or sexual abuse by other family members by 5 percent, and physical or sexual abuse by non-family members by 4 percent of the youth. These percentages reflect the extremely violent homes from which many runaway youth flee. Other significant family problems are parental neglect (20 percent) and parental drug and alcohol abuse (17 percent).

Moreover, the psychological problems or emotional burdens the youth carry within themselves as they enter the Basic Centers are equally troubling. Fifty percent have a poor self image; 45 percent are depressed; and 13 percent are possibly suicidal.

These problems, which may be explained in large part by the dysfunctional homes in which many of the youth have been reared, may be coupled with difficulties they experience in dealing with institutions outside the home such as the schools and the police. Problems with school attendance and truancy, bad grades, inability to get along with teachers, and learning disabilities are cited respectively by 32, 29, 11, and 7 percent of the youth.

In addition, significant numbers of the youth have self-reported personal problems with drug abuse (15 percent) and alcohol abuse (13 percent).

The shelter interviews show clearly that the troubled, dysfunctional, self-destructive youth who present themselves at our basic centers often come from troubled dysfunctional, self-destructive families.

Often, intervention by a runaway shelter, especially if the intervention includes counseling the parents, prevents the family situation from worsening, possibly leading to a case of long-term homelessness for a young person.

Multi-Problem Youth. Over the past four or five years we have started to notice some disturbing shifts in the characteristics of youth seeking safety in our shelters. Early alerts came from the directors of some of the shelters who began informing us that they were serving more and more multi-problem youth. Youth who were not only in conflict with their parents, but also in conflict with their peers and their schools. Youth who had profound emotional problems and who were also in trouble with law authorities, often for drug and alcohol-related behavior. Youth who were engaged in prostitution and who also needed medical help. Some of the presenting youth were even physically threatening to shelter staff, to the point that some of our shelters have been forced to provide training in how to deal with hyper-aggressive, violent youth.

Because of this apparent trend toward more troubled, multi-problem youth being served by Federally-funded shelters, ACYF is presently re-examining the regulation that limits shelter stays to 15 days. We are concerned that this limitation on the length of time a youth may receive shelter has contributed to "shelter-hopping" by some youth; that it is inconsistent with several State regulations; and that it does not allow sufficient time to effectively intervene in the lives of these troubled young people.

Let me emphasize that we do not intend to change the primary focus of the Basic Center Program from crisis intervention and emergency services. Nor do we intend that these shelters become routine, long-term placements for young people who are more appropriately served by child welfare agencies. However, it does appear that the Federal 15-day stay limitation may need to be revised to enable Federally-funded shelters to better serve runaway and homeless youth.

Distinctions Between Runaway Youth and Homeless Youth

The Administration for Children, Youth and Families has historically made a distinction between runaway and homeless youth. The term "runaway youth" is defined as a person under 18 years of age who absents himself or herself from home or place of legal residence without the permission of parents or legal guardians. The term "homeless youth" is defined as a person under 18 years of age who is in need of services and without a place of shelter where he or she receives proper care and supervision.

A just-completed study conducted by the General Accounting Office (GAO) of youth receiving services at Federally-funded shelters offers further information that extends our understanding about the characteristics that distinguish runaway youth from homeless youth. Over a period of approximately two years, staff of the GAO, in response to a request from your colleague, Senator Paul Simon, studied that portion of the youth in our centers approximately 21 percent by GAO estimate who may properly be called homeless. They noted a number of differences between the two groups.

Although similar in many respects to runaway youth, the GAO study reveals that homeless youth tend to be older, are less likely to be female, and are less likely to be attending school than runaways. Also, homeless youth are more likely to have been away from their legal residence for longer periods than runaways.

The majority of homeless youth (55 percent) are male while only one-third (35 percent) of runaways are male. Twenty-eight percent of homeless youth entering our shelters are Black, compared with only 17 percent of runaways who are Black.
Fifty percent of homeless youth ages 16 and older have dropped out of school or have been expelled or suspended compared to only 23 percent of runaway youth ages 16 and older.

Parental neglect, such as failure to provide food, clothing, medical care, or shelter, is cited as a problem by 36 percent of homeless youth who enter our shelters while it is cited as a problem by only 18 percent of runaways.

The GAO findings confirm our view of the homeless youth population. As these characteristics of homeless youth have become evident, we have undertaken a two-pronged effort, first to uncover the underlying causes of youth homelessness, and second to provide services that focus directly on the needs of homeless youth.

Study of the Underlying Causes of Youth Homelessness

To gain an understanding of the underlying causes of homelessness, we have engaged a contractor to examine the various pathways leading to youth homelessness. Under this contract, the contractor is now looking at such variables as families of origin, characteristics of the social environment, patterns of education, employment and health, involvement with the legal system, sexual and physical abuse and exploitation, pregnancy, and parental mental health, and related issues. We have formed an advisory body to this project composed of representatives from the various Federal agencies now grappling with the problems of homelessness. We anticipate having preliminary results from this study by the end of the fiscal year, which we will distribute as they become available.

THE TRANSITIONAL LIVING PROGRAM FOR HOMELESS YOUTH

Development of Transitional Living Models. Since FY 1983, the Family and Youth Services Bureau has funded over 30 research and demonstration grants targeted to the development of program models that specifically address the needs of older homeless youth. Funding for these projects totaled over $2.2 million.

The general purpose of the grants was to strengthen the capacity of runaway and homeless youth centers to address the problems presented by older homeless youth who were unprepared to to live independently.

Specific projects focused on the development of local level, holistic approaches to self-sufficiency including acquisition of basic life skills; alternative education; employment preparation and placement; health care and treatment; financial management; and housing opportunities.

In addition, in cooperation with the National Youth Resource Center, an ACYF grantee, a manual entitled Pathways to Adulthood: Strategies To Prepare Youth for Independent Living was published in May 1988. This manual is now in use by shelters and other youth-serving agencies as a resource for developing a variety of independent living program models.

The Family and Youth Services Bureau has also supported projects that demonstrate the use of volunteers to work with shelters, child welfare agencies and the police to facilitate family reunification or other appropriate living arrangements for homeless youth. These projects focus on coordinating mechanisms, joint planning, and communications networking to assist existing community organizations to recruit volunteers to serve as youth mentors, family counselors and facilitators in developing and providing alternative living arrangements.

These efforts in the area of services to older homeless youth have resulted in a body of knowledge and a system of services and providers that provide an excellent foundation for the implementation of the newly established Transitional Living Program for Homeless Youth.

Launching the Transitional Living Program. I am pleased to inform the members of this subcommittee that ACYF is now launching the new Transitional Living Program for Homeless Youth. An announcement of the availability of funds under this program is currently being developed, and we plan to award grants this summer to projects that will provide long-term shelter and services to help older homeless youth become independent, responsible adults.

Funds for this program were first made available to us this year, FY 1990. The purpose of the transitional living program, is to provide support for youth "for whom it is not possible to live in a safe environment with a relative" and for whom there is "no other safe alternative living arrangement." The new program, in short, will provide for those youth who can't go home again.

We believe that this program, which is specifically targeted to homeless youth, will be an excellent complement to the Basic Center program I described earlier.

In FY 1990, almost $10 million is available to implement the Transitional Living Program for Homeless Youth. With these funds, we anticipate awarding 50 to 60 grants for the provision of direct services and shelter to homeless youth.

The shelter services offered may be in group homes, host family homes, or supervised apartments. Participating youth will receive training and experience in basic life skills, educational advancement, job attainment skills, and mental and physical health care.

Project staff will prepare a written, individualized plan for each youth, based on the youth's particular needs, designed to promote the transition to self-sufficient living and to prevent long-term dependence on social services.

We anticipate that grants will be awarded and that the projects will be in operation by the end of this fiscal year.

THE INDEPENDENT LIVING INITIATIVES PROGRAM

A third program within ACYF, the Independent Living Initiatives Program (ILIP), does not target homeless youth specifically, but it does serve as an important mechanism for the prevention of youth homelessness.

The Independent Living Initiatives Program provides funds to State governments for services that help youth make a successful transition from foster care to independent living. The program was first implemented in FY 1988 when $45 million dollars in unmatched funds was distributed to State governments, based on a formula that included the number of children in foster care in the respective States.

Reports for FY 1988 from 45 States and the District of Columbia indicate that ILIP services were provided to approximately 18,000 youth ages 16 through 18-1/2, which is 6 months beyond the age at which most youth leave foster care.

These funds are not available to provide room and board for the youth; the youth concerned are already housed in foster homes. Beyond this limitation, States have considerable flexibility in how they spend the funds. In FY 1988, most States provided basic skills training to the youth, either directly or through contracts with private agencies. Many States trained foster parents to help them teach their foster youth the skills needed for independent living. Many States also provided supervised practice living arrangements or transitional living settings. Some States provided subsidies to encourage youth to remain in school.

Prior to the enactment of the ILP, 25 States provided some sort of basic living skills training to youth prior to leaving foster care. Now, virtually all States provide this training, along with assuring development of individualized independent living plans for all youth in foster care.

THE DRUG ABUSE PREVENTION PROGRAM FOR RUNAWAY AND HOMELESS YOUTH

The Drug Abuse Prevention Program for Runaway and Homeless Youth is our fourth program which focuses directly on services to homeless youth.

Drug abuse has had an increasingly severe impact among American youth. In 1988, 350,000 youth, including runaway, homeless and other street youth, were arrested for drug abuse violations and other drug-related offenses. As mentioned earlier, among youth entering our Basic Centers, 15 percent cite problems of drug abuse and 13 percent cite problems of alcohol abuse as reasons for running away or being homeless. Equally disturbing, 17 percent cite drug and alcohol abuse problems of their parents among their reasons for leaving home.

The street life environment of runaway and, particularly, homeless youth places them at exceptionally high risk of involvement in the abuse of illicit drugs and the related consequences of contracting and transmitting the AIDS virus through contaminated needles or sexual contact. There is no doubt that an increase in substance abuse has contributed to the trend of youth entering the Basic Centers today who are measurably more disturbed and more difficult to deal with than those served in the past.

The Runaway and Homeless Youth Program, through its network of Basic Centers, has traditionally been involved with the problems of drug abuse prevention, reduction, and treatment among this population. The passage of the Anti-Drug Abuse Act of 1988, Public Law 100-690, has brought added resources for addressing the prevention and reduction of drug abuse among runaway and homeless youth through support for services, research, and demonstration activities.

The Administration for Children, Youth and Families first implemented this new program in FY 1989, awarding 104 grants to public and private non-profit organizations and agencies to address the drug abuse problems among runaway and homeless youth. The activities being conducted by these grantees include group, individual, family and peer counseling; referrals to treatment; community and school-based prevention and education efforts; and the development of community support systems and other resources where services are minimal. Two projects in particular are focusing exclusively on the needs of homeless youth.

One project, the Youth Continuum of TRI-RYC, Inc. of New Haven, Connecticut, will provide drug abuse prevention services to 250 homeless youth in the State of Connecticut. The project is providing medical, psychological, and other counseling and casework services to adolescent homeless parents and homeless pregnant teenagers. Through formal working agreements, 35 outreach workers are being trained to identify at-risk homeless youth, and the project is coordinating drug abuse prevention and treatment services region-wide.

In addition, a model for collaboration between emergency shelters and community health centers for drug abuse prevention among homeless youth is being developed. The project is also conducting activities to increase public and provider awareness of the problem of drug abuse among homeless youth.

The second project, Northside Ecumenical Night Ministry of Chicago, is using a motor home vehicle to provide intensive substance abuse prevention, education and medical outreach services for up to 300 homeless youth. The target area is the business district and several northside neighborhoods in Chicago, Illinois.

The mobile vehicle provides a street-based approach to providing physical exams, emergency food and clothing, health education on substance abuse, AIDS, basic hygiene and related topics, and counseling and referral services. The project also enhances outreach and program coordination among youth service providers by having provider representatives ride in the vehicle at least once a month to disseminate information about their services and programs.

In FY 1990, ACYF will solicit applications for additional demonstration and service projects for drug education and prevention among this population.

Also under the Drug Abuse Prevention Program for Runaway and Homeless Youth, ACYF has contracted for the development of a drug education training curriculum for, and the provision of technical assistance to, runaway and homeless youth service providers.

Finally, in FY 1990 a contract will be awarded to evaluate the incidence of drug abuse among runaway and homeless youth. In part, this study will assess the number of runaway and homeless youth abusing drugs, the relationship between parental drug abuse and its affect on these youth, and the correlation between drug abuse and youth suicide.

SERVICES PROVIDED THROUGH COLLABORATION WITH OTHER FEDERAL AGENCIES

In addition to the service programs for which we are directly responsible, ACYF is collaborating closely with several other Federal agencies through which we have been able to leverage services to homeless youth.

Health Care Services for Homeless Youth. In FY 1988, a memorandum of understanding was signed with the Public Health Service, which had received funds under the Health Care for the Homeless Program of the Stewart McKinney Homeless Assistance Act to set up 109 medical clinics across the country. Through this agreement, the directors of our 343 Basic Centers in all the States were put in touch with the directors of the medical clinics nearest to them. The result has been provision of medical care to many homeless youth who would otherwise have gone unserved.

Also through this agreement, we were able to arrange for a pilot program of medical students volunteering their time in a number of our shelters, providing training to shelter staff, screening youth for their medical needs, and in some cases, because of their very youth, acting as the first friendly contact that a number of alienated homeless youth have ever had with professionals in our medical system. We anticipate that this volunteer medical student aspect of our collaboration with the Public Health Service will be expanded this year.

AIDS Prevention Training. Additionally, through collaboration with the National Institute on Drug Abuse (NIDA), we have been able to provide AIDS prevention training to the staff of many of our Basic Centers. Because homeless youth are at high risk of contracting the AIDS virus, it is important that those agencies serving homeless youth are properly trained in this area.

At our request, NIDA developed an AIDS prevention curriculum and is providing training to youth service providers across the country. The curriculum focuses precisely on the risks of acquiring AIDS for which street youth are extremely vulnerable, that is, through use of dirty needles when taking drugs, through promiscuous sex, and through prostitution. A contractor hired by NIDA sent small teams of trainers to several cities across the country to conduct short but effective two-day workshops based on this curriculum. In approximately 20 cities, we arranged to have the directors and staff of runaway and homeless youth shelters participate in the training sessions.

This effort is continuing and is being coordinated with a similar program which has been funded by the Centers for Disease Control (CDC). The CDC program is being implemented through the National Network of Runaway and Homeless Youth Services, Inc., a private, non-profit organization with a membership of over 500 youth-serving agencies.

We are also exploring potential future collaborative efforts with the National Institutes of Mental Health to improve access to mental health services for runaway and homeless youth, and with the Alcohol, Drug Abuse and Mental Health Administration to provide more drug treatment services to this population.

CONCLUSION

With this testimony, I have briefly traced for you the evolution of the Runaway and Homeless Youth Program from a modest number of projects that initially focused exclusively on runaway youth to a comprehensive set of programs that take into account the problems of both runaway and truly homeless youth. Programs administered by ACYF now include components that deal with transitional living for older homeless youth, with independent living for youth coming out of foster care, and with drug abuse prevention among homeless youth.

I have also touched on some of the research and demonstration projects that have provided us with a solid foundation on which to develop programs for homeless youth and on our continuing efforts to analyze and understand the problems of runaway and homeless youth.

Finally, I have described our collaboration with other Federal agencies in addressing the problems of runaway and homeless youth.

We will continue these efforts to improve and make more responsive the ACYF programs that are designed to serve this population.

I hope this information has been helpful. I would be happy to answer any questions.

Brigit Culhane

I would like to say something about my experience, strength, and hope over the past five years.

Please take into account the stories I tell are for the purpose of those adolescents who have gone through and are going through hardships similar to my own, that they might benefit from them.

At the age of fifteen I had left my home by the will of my parents. Up until this time I was actively using drugs and alcohol, which was causing me problems at home and school. According to my parents I was an uncontrollable child. So, with this behavior of mine and the charges brought against me by my sister because of a physical dispute we had, it was justified that I be sent away.

The juvenile court had a hand in to where I was going, but it was mainly up to my parents to decide. The court recommend me going away to school. They described it to me as a boarding school enviorment. All was agreed upon that it would be a suitable and healthy rehabilitation.

[illegible] the [illegible] I spent there was in fear of those living with me.

The school was segregated into White, Black, and Spanish groups. The unspoken but understood rule was to "stay with your own kind." When interactions did occur there was always drugs, violence and sexual abuse involved with residents as well as with staff. I had made attempts to leave there, but because of the problems of over-crowding in many foster state run facilitys it was difficult. Twice I had run away with nine other residents. But we were always found and brought back.

Eventually I was to go home on vacation for two weeks and then return back to school. I never came back neither did I go "home." Home was a place where I was not accepted into anymore. This experience started my merry-go-round into Connecticut's state shelters, drug and alcohol rehabilitation facilitys, and group homes.

I was hopeless many times while [illegible] to get on [illegible] these programs. Again, there was always a problem with overcrowding

During my early childhood years I could never imagine each day not having a place to call home. My father being an attorney and my mother an R.N. we lived without many worries.

Being an only sibling, sleeping at relatives and living on the street during the day became a reality which I thought all the kids could look forward to.

It was very scary for me when I turned 12 and began to get out on my own. Living from day to day. Fortunately, I gained self confidence, and decided to do something with my life, anyway I could in life that was anymore.

Today I have a bright future with college coming soon and a stable direction ahead. I'am 19 now and seeing that was then, this is now.

Senator DODD. Thank you very much, Dr. Horn, for your testimony.

I have just a few questions. One has to do with the way the data is collected. You pointed out that shelter-hopping is a problem. What would be your response if such data collection were made mandatory rather than voluntary? What do you think the effects would be?

Dr. HORN. Well, as you know, the current system is a voluntary system, and only about 60 percent of the shelters are currently provided with information through the voluntary information forms.

In addition to that, some percentage of those who do provide us with information only provide us with partial information. I think that that system is inadequate for addressing the information needs that we need in order to administer this program properly.

So we are currently studying within the agency the feasibility of developing a system where information would be required from each of the centers that receive Federal funds.

Senator DODD. Well, we know that some of the people who work in these shelters have objected to that kind of an approach, but their objection is not just a paperwork objection; a lot of it has to do with what is being collected, the type of information being sought, rather than the importance of having a solid database on which to consider legislation.

In fact, some of them, which you heard before, say that the Youth Information Form needs to be updated to include more specific questions about behaviors that could expose youth to the AIDS virus, involvement in gang activities and the problems in the youths' families. I wonder if you might share with us what specific changes you think need to be made in the form that HHS is using to collect data on the youth recovering in shelter care.

Dr. HORN. I have examined the Youth Information Form, and I believe although there may be some changes that are required, basically the form is not a bad form. In my opinion, the major problem is not the information that is contained in the form, but the fact that we are not getting it from all of the shelters. In fact, we are not sure whether there might be some biases in terms of the kinds of shelters that provide information to us, so when we extrapolate from the information we do get, it is not clear as to whether we are getting a total picture on what is going on out there in terms of the shelter population.

I do think there may need to be some changes in terms of the way we categorize homeless and runaway youth on the YIF form. In particular, I am concerned that there seems to be a separate category for a throwaway/pushout and that may create some confusion in terms of how to categorize kids as homeless or as runaways. But on the form itself, there are places to indicate whether a use is in fact engaged in the use of illegal substances; there is a place to indicate whether they are engaged in prostitution, as well as homosexual behavior, and those behaviors seem to be the ones that place them most at risk.

Senator DODD. Let me raise this with you—and I appreciate that. But if your problem is trying to get people who work in these shelters to be more cooperative in terms of the information you are seeking, and if they are saying one of their problems is what is on

the forms, what is being sought is not getting to the point. Obviously, that is not suggesting that they are all right or you are wrong on this, but here you have an agency and a group of people who are working in this area, and you have common goals. It seems to me that sitting down and trying to work out the kind of a form that would satisfy both you and what the people who work in these shelters believe is necessary, it seems to me you might be able to achieve the desired results without having to get what none of us want to see, and that is trying to mandate this, because that is self-defeating. When you get into a mandatory collection of data, you run into all sorts of court actions and; people are not being cooperative; the people who work in shelters see you as the enemy rather than someone who is trying to help them achieve, as I said a moment ago, the desired goals.

Wouldn't it make some sense to try and sit down with some of those folks and try to work this thing out in a way that is satisfactory to both of you?

Dr. HORN. There is no question that once we are fully into the process, as we are internally, and once we move that process forward, that we will be seeking the advice and counsel of those outside groups that have to deal with this population and with this form.

It seems to me that the best way to take a look at this form itself and look at revisions, would be to seek outside opinions, and the best place to seek those opinions are from the people who in fact use this form on a regular basis.

There is no question that we will in fact, broaden the discussion to include outside groups as well when it is appropriate to do so.

Senator DODD. A week ago Monday, I spent several hours with the New York Childrens Health Project in a van that travels to homeless shelters in that city, which serves around 8,000 homeless children in New York City alone, and that number is growing. It is a medical van, and there are two of them in the city. It is one that you may have read about or heard about that has been primarily funded and supported by the artist Paul Simon—our colleague Paul Simon also has a deep interest in this subject matter (and in fact, as a result of his efforts we have a GAO study, so the two Paul Simons are interested in this subject matter). The van is interesting; one of the reasons it is so successful, is because of its data collection capabilities. Using a computer (this is medical information) enables the project to tract these children and their families who are moving around all the time.

They have had some 18,000 visits. Parents are bringing these children back, and now the average visits exceeds two. So you are beginning to get people coming back with children who need to have the second round of immunizations or whatever else. More importantly, these children are now identified and efforts are made to get them into the system; on to medicaid and WIC etc.

This computerized system has its limitations. A lot of it is not collected because they are nervous about scaring off that parent from coming back in the second time. They would like to know more about their living conditions, about drug abuse and these other questions that come up, but the people who are in that van collecting that information are worried that they are going to scare

off the very people they are trying to bring into that process. So there is a legitimate concern, I think, about mandating some of these things, and yet a very worthwhile purpose to collect data and then to be able to collate it effectively so that when you get a young person who is shelter-hopping, you are really able to track him or her and provide better services for them.

So I would be curious to know whether or not that kind of approach is also being considered as a means of centralizing data in either cities or hospital networks.

Dr. HORN. I agree with you that computer technology does allow one to create databases that can be very useful for a variety of purposes. What one has to weigh when one considers creating such a database with a computer-based system is the confidentiality concerns of the individual youth. So I think we are going to have to look very carefully and weigh the advantages of having a database that is in some ways interchangeable among shelters with the confidentiality needs of the individual client.

I think that it is doable; it is doable through some system of identification numbers that are essentially kept, perhaps. It is somewhat premature to get too specific about that, but on the basic point that computer technology does give us the ability to create a database that may then be used for a variety of purposes, both from the policy standpoint, from an administrative standpoint and from an individual client standpoint, I think is well-taken. We do need to be sensitive to the confidentiality needs of the individual.

Senator DODD. What are you doing with the information you are getting now? One of the criticisms is there hasn't really been any analysis of the data by HHS. Is that a legitimate criticism?

Dr. HORN. Well, we do take a look at that information, and we include that information in any reports.

Senator DODD. But analyzing it.

Dr. HORN. Well, again, the problem that I have with that database at the moment is that it is not clear to me that we are getting a representative sample of the shelters that are participating in this voluntary system. That is why we are looking at the possibility of having some data required from each of the shelters. We are still very early in the discussions about what might go into such a system, and we are a long way from implementing something like that. But I think you are quite right; I think we need to take a look at that database and do more analysis of what is in there. But again, I am not convinced that what we have right now is a representative sample, and if we start to do too many analyses based on something that may not be representative, we may come up with conclusions that are just erroneous.

Senator DODD. Well, I would like to be kept—and I think my colleagues would be on this—informed as you move forward on this decision on whether or not to mandate information. Please keep me posted before you make any announcements on that; I want to know what you are planning in that area. I don't disagree with what you are trying to achieve here, but I am a bit uneasy about being self-defeating with that approach.

Dr. HORN. And I agree with you, Senator. I think that if we create a system that then keeps kids from coming to a shelter for fear that information will be required and then therefore they stay

away from the shelters, we defeat ourselves. I agree with you about that.

Senator DODD. Yes. You are funding a study to be conducted by Macro Systems, Inc., that will analyze the causes of youth homelessness. I wonder if you might share with us in what form these findings will be released and how the findings are going to be used by HHS, based on what you know at this point.

Dr. HORN. Well, we are in the beginning stages of developing that project along with Macro Systems, and they are going to be doing interviews with actual youth as well as agencies that have interaction with the youth. Basically what they are interested in taking a look at is what kinds of pathways might lead a particular youth to become a runaway or homeless. So we are going to be taking a look at family characteristics as well as characteristics of the youth and other kinds of social pressures that might be impacting upon the youth in their decision to run away or that leads to the circumstance where they are in fact homeless.

Three reports are going to be developed from this—a report on the findings on the causes of youth homelessness and the characteristics and needs of homeless youth, and two stand-alone reports on the relation of parental and youth substance abuse to youth homelessness and on the relation of child abuse and neglect to youth homelessness.

Senator DODD. All right, Dr. Horn, I appreciate that very, very much, and keep us posted. I know some of my colleagues on the committee may have some additional questions they would like to submit to you, and I would ask if you'd respond to those as soon as possible in writing to the committee so we can have your answers. And again, if you would keep us posted on both your own approach on the data collection as well as on the Macro Systems study, that would be very, very helpful in terms of the legislation which we are drafting and moving forward on.

Dr. HORN. Thank you for having me.

Senator DODD. Thank you very much for coming to the hearing.

Our second panel is Ms. Della Hughes, Executive Director of the National Network of Runaway and Youth Services in Washington, DC, and she will be discussing the estimated 100-300,000 young people living on the streets or in shelters in this country.

She is going to be accompanied by two young people, Brigit and Rashida, and I would ask you both if you would come up and join Ms. Hughes at the table.

Let me at the outset first of all thank you, Ms. Hughes, for your efforts, but also a special thanks to you, Brigit, and to you, Rashida, for being willing to come forward and talk. It is one thing to be an expert in the field where you have spent a life professionally involved in these questions; it is another matter entirely to appear as a witness where you have been directly involved. It takes a lot of courage to come forward and publicly talk about a lot of tough times and difficult periods in your life. And I know I speak for all of my colleagues on this committee and everyone in this room, and many people who are not in this room, who appreciate very much that kind of courage to come forward and to be willing to discuss your lives openly with people and with the committee.

So I really want you to know how much I appreciate your being here today, and thank you. I'll get to you both in a minute. I just want you to relax and talk as if you were with someone else who was a good friend.

Ms. Hughes, we thank you for being here, and we'll take your testimony and then hear from both Brigit and Rashida.

STATEMENT OF DELLA M. HUGHES, EXECUTIVE DIRECTOR, NATIONAL NETWORK OF RUNAWAY AND YOUTH SERVICES, INC., WASHINGTON, DC, ACCOMPANIED BY BRIGIT CULHANE AND RASHIDA

Ms. HUGHES. Thank you very much, Chairman Dodd, and thanks for holding this hearing on homeless youth.

Robert Frost once wrote, "Home is where, when you have to go, they have to take you in."

As you have said, there are an estimated 100,000 to 300,000 homeless adolescents who don't have any place to go. And when I say that, I mean literally no place to go except the streets. They can't go back home. They have been ejected from the welfare system. They are not in any kind of relationship with the court nor are they in a relationship with any of our shelter systems or with the State departments of human services. They really, literally, fending for themselves.

These young people don't have stable living arrangements, obviously. They are very mistrustful of adults and other helpers. They lack access because of their own ability to have access to funds for services, for administrative barriers. They are afraid, ignorant of how you even access systems, and generally are ill-informed about what is out there, what is even available.

The young people that I'm going to talk about may be a part of that 100,000 to 300,000 young people. They are young people who have been seen by the runaway and homeless youth service system; that is how we know about them.

The reasons for their homelessness are varied. Many young people flee their homes because of parental abuse, neglect. There are chaotic family situations in which they exist where there may be parental alcoholism or other chemical abuse. They may be forced from their homes when their parents cannot deal with their own economic situations, with their own marital problems or other emotional problems, and they find that caring for a teenager is simply beyond their own capabilities.

Some youth become involved with alcohol and drugs. They engage in substance abuse or other kinds of delinquent behaviors, and their parents and the youth themselves cannot manage their own behaviors; they cannot control themselves.

Sometimes when youth become seriously out of control, they know that, they are aware of it. They frequently experience depression and suicidal tendencies. Sometimes they may run away, as one young man told me, simply to save their own lives. They hope they can have another chance by going out into another environment even if that environment is as dangerous as the streets.

Young people also who are homeless are young people who have been through the social service system. A study in Massachusetts

found that young people coming to their shelter averaged six different out-of-home placements in the year before they put their foot in the front door.

Young people who are forced or feel forced to go to the streets have their vitality and their vulnerability exploited. These young people have very few life skills, very few life experiences that prepare them for what they experience on the streets. How many of that would have that ourselves? Many rely on "survival sex" just to ensure that they have a place to stay or food to eat, clothing to wear, or transportation.

They appear invisible to many because they hide; they don't want to be seen. They fear for what might happen to them. And again, they lack access to those so many needed services. They need that mental health care, they need education—they just need adult support and guidance.

So what can we do? The problem is overwhelming to them. It is sometimes overwhelming to us. As we begin the last decade of this century, we face many challenges and hard decisions.

The Runaway and Homeless Youth Act established a very important and very effective intervention point for both runaway and homeless youth. The basic shelters are 24-hour access points, crisis intervention access points, that our young people need when they need it, any time of the night, 365 days of the year. These basic shelters can be compared in many ways to emergency rooms in hospitals. It is the place of access that they have to get that immediate, intensive triage, that assessment of what is going on with the young person, what needs to happen, but very, very importantly, the kind of support and care that can help them stabilize the crisis that they feel at the moment.

It is really important that as we look forward to what needs to be done with our system, that we build from these shelters rather than weakening them by expanding them to take care of other needs that really need to be dealt with by specialized programs.

We have done a disservice to our young people and to our service providers by forcing programs over and over and over again to take young people who don't really belong, and we set them up for failure in that way. The programs are not designed to meet their needs, and so they fail.

We need the coordinated continuum of care that you referred to earlier in which funding follows the young people in need and not the other way around. We need prevention services that act to strengthen families. We need increased outreach efforts to get the young people off the streets. We need aftercare and transitional services for youth who are leaving the shelters. And we need other specialized kinds of programs dealing with substance abuse, more intensive behavioral or emotional problems, and so forth.

Research and demonstration projects can help us identify which of those we need to be looking at.

Senator Dodd, you have certainly been a leader in terms of the Young Americans Act. We appreciate very much your introduction of that legislation in the last session. We whole-heartedly support that and will do everything that we can to assist you in passing that.

Senator DODD. Thank you.

Ms. HUGHES. The government needs to support efforts to identify who the youth are. You were asking about data collection. We agree; we need to know who the young people are. But we need to know also what works for them. We need to have a better and more comprehensive understanding of what the needs are, what the various circumstances and presenting problems are that they bring to us as they come to us and what the disposition is when they leave. And we need to ensure that they receive quality services.

Federally-funded runaway centers, we also believe, should be required to link with health care providers. The Primary and Pediatric care for Disadvantaged Children Act that was introduced last week by you is an important step in helping us make that kind of linkage and making that health care available.

In conclusion, we need to see homeless young people as more than just a collection of problems. We mst value their energy, their resilience, their ability to survive an often hostile world. We must see and help those young people see who it is that they can become.

The Nation's young people await our leadership, and the National Network looks forward to working with you as you move forward to meet the challenges discussed today.

Thank you.

[The prepared statement of Ms. Hughes follows:]

PREPARED STATEMENT OF DELLA M. HUGHES

Chairman Dodd and members of the Subcommittee, my name is Della Hughes. I am Executive Director of the National Network of Runaway and Youth Services. Thank you for holding this hearing today, and thank you for this opportunity to speak before this esteemed Subcommittee whose work is so critical to the health and welfare of millions of children and youth.

Robert Frost once wrote, "Home is where...when you have to go, they have to take you in." There are an estimated 100,000 to 300,000 adolescents who don't have a place where they'll always take you in. These young people are living on their own -- often on the streets, eating out of dumpsters -- without the supervision, nurturance, or support we expect from a parent or other adult.

The National Network of Runaway and Youth Services represents youth-serving agencies and programs from across the country, as we tell the stories of these young people and their families. Implicit in our statements is a challenge to the nation to provide support and services for high-risk youth, so they may lead safe, healthy, and productive lives.

Characteristics of Homeless Youth

Efforts to count and characterize these youth are limited by the fact that these young people are profoundly isolated from community life -- they do not have stable living arrangements, they are often mistrustful of adults and helpers, and they lack access because of economics, administrative barriers, fear, and ignorance to health, educational, mental health, and other social services. Homeless youth do not conform to a single profile and often attempts to define them tell more about the writer than the young people who are seen daily by street workers and shelter staff.

Data from the federally-funded centers that serve runaway and homeless youth indicate the following:

- About 21% of the youth served at these centers conform to the Department of Health and Human Services definition of homeless -- youth under 18, needing services, and without a place of shelter providing supervision and care.

- Although a homeless youth is most often white, male, and at least 15 years old, young people who are homeless represent every segment of American society: they are every color, ethnicity, and religion: they are rural, urban, and suburban; they are straight, gay, lesbian, and bisexual; and they were affluent, poor, and in-between before they became homeless.

- When compared to runaway youth, homeless youth tend to be older, more likely to be male, less likely to be attending school, and more likely to have been away from home for a longer period (GAO, 1990).

The Causes of Youth Homelessness

Estimates and definitions of these youth may differ, but service providers know these young people: they know who they are and where they come from. Youth workers know that these young people are not living on their own to realize dreams of personal autonomy and adventure. Life on the street appears to be the most viable option for youth who can not return to their families or who can not receive services through service systems already in place.

The reasons for their homelessness are varied. Many of these young people flee their homes to escape parental neglect, sexual and/or physical abuse, or other chaotic situations (e.g., family violence, parental alcoholism or substance abuse) which they can not tolerate. Other youth are forced from their homes by parents who can not cope with their own marital, economic, or emotional problems and find caring for a teenager beyond their capabilities.

Some youth become involved with drugs and alcohol. They engage in substance abuse and/or other behaviors that their parents, and the youth themselves, can not manage. Youth who become seriously out of control frequently experience depression and suicidal tendencies. They may run, as one young man said, "to save their lives." They hope they can have another chance by radically and completely changing their environment.

Many homeless young people were removed from their homes years before due to abuse, sexual exploitation, neglect, or abandonment by their caretakers. After a series of foster homes and other placements, too often they either age-out of the child welfare system with no living skills, run away from placement and are not found, or prove to be such a "difficult case" that they are given early emancipation.

A 1985 study in Massachusetts of youth-emergency shelters indicated that the young people served had averaged 6 different out-of-home placements in the year prior to their shelter stay. Further, children removed from their homes due to abuse or neglect before their 13th birthdays averaged 11 moves per year. In the year preceding the study, only 5% of the young people surveyed remained in a stable placement, and 65% had sought emergency shelter up to 5 times (The Greater Boston Adolescent Emergency Network, 1985). After years of shuffling between foster homes, emergency shelters, psychiatric hospitals that take medicaid-funded youth for 30 day-assessments, and juvenile justice or mental health facilities, many youth "finally conclude that the streets meet their needs better than the child services system...(Athey, 1989)."

Some youth are refugees or undocumented immigrants who are living in the United States to earn money to send to their

families. They often face language barriers in addition to the problems experienced by other homeless youth.

Other youth are separated from their families when the family becomes homeless and can no longer care for the children or when the family seeks refuge in a shelter and the adolescent child is denied admission -- e.g., shelters for battered women usually do not admit older children.

Consequences of Youth Homelessness

While youth who become homeless may have had little in common with each other when they were living at home or were in a more stable court-mandated placement, living without adult support and guidance is a great equalizer. Homeless youth often lack access to things many adults take for granted: bathrooms, places to bathe, warm places to sleep, regular and balanced meals, transportation, and people in their lives whom they can trust.

These young people have few skills or life experiences with which to earn a living. They are extremely vulnerable and are easily exploited. Many must rely on "survival sex" just to ensure a place to stay each night or for food, rides, and clothes. They appear invisible to many, because they are disconnected from community life. They lack access to schools, health care, families, counseling services, and other community support systems. Many of them are in need of mental health care due to substance abuse or depression.

Their behavior and life circumstances put them at risk for a number of debilitating problems:

- HIV infection/AIDS. Some programs for runaway and homeless youth in high-incidence areas report that 7% (and more) of their clients who have been tested for HIV, the virus that causes AIDS, are infected. Homeless youth, infected or not, often lack HIV prevention information, the negotiation skills necessary to practice safer behavior, and access to condoms or bleach to disinfect needles. Also, the adults who sexually assault and exploit homeless youth are rarely interested in risk reduction and pay youth more if they forego condom use. Too often, because of their profound isolation, homeless youth lack the will to save their lives through less risky behavior.

- Emotional Problems. Suicidal ideation and attempts run as high as 60% among homeless youth. Reported rates of clinical depression among homeless youth range from 29 to 84% (Shaffer & Caton, 1984; Yates et al., 1988).

- Early Pregnancy. In a study that focused on health services to homeless people in 19 cities, homeless girls aged 16-19 had the highest pregnancy rate of any other age group. Thirty-one percent of the 16-19 year-olds receiving health services were pregnant, as compared to 9% of the control group used (Wright, 1989). Other service providers estimate the rate of pregnancy for homeless young women is as high as 50%.

- Health problems. Homeless youth are nearly twice as likely to suffer from chronic physical ailments as their non-homeless counterparts (Wright, 1989). Most of these health problems can be easily treated and many can be prevented; however, youth lack access to services.

- Drug and alcohol abuse and dependency. Reported rates of substance abuse among homeless adolescents range between 70-85% (Shaffer & Caton, 1984, Yates et al., 1988, Rotheram-Borus, Koopman & Bradley, 1989).

Preventing or treating these problems is very difficult given the lack of stability in these young people's lives. Just securing shelter on a day-to-day basis and remaining relatively safe from assault is consuming.

Barriers to Service

Youth who reach out for help unfortunately may face numerous barriers to service. For example, too few residential services are targeted for these youth. Often runaway programs are full and must turn away runaway and homeless teens seeking residence in order to stay in compliance with state licensing requirements. Program expansion is difficult given that federally-funded youth shelters receive annual grants of less than $150,000.

Youth emergency shelter programs are designed for a short-term stay of two weeks or less. The focus is on crisis resolution, stabilization, and reuniting families. Runaway programs act as the point of access for runaway and homeless youth into the service delivery system, and programs consistently broker for additional services (e.g., getting the child welfare agency to take custody when the youth has been abused or neglected). In most cases, programs successfully execute these activities.

However, the increasing numbers of youth who can not return to their families, who can not get into a treatment program, or who are not appropriate for foster care still need a safe and nurturing environment after the initial two-week stay. At that point, non-crisis, on-going shelter and other support services are needed. Currently, youth who need longer periods of assistance may be forced back on the streets if their community does not have transitional living or other alternative long-term residential

services. Most communities do not have these services, leaving youth with few safe options.

Shelters for the adult population often refuse to serve youth younger than 18 years, and shelter life presents many dangers for teens -- e.g., sexual and physical assaults. No system of service is mandated either by the states or the federal government to provide for these almost totally disenfranchised youth. They are excluded from existing service systems and are often outside of research, planning, and funding efforts.

There are other barriers faced by youth who can not live with their families. The promise of self-sufficiency for those homeless young people who are lucky or old enough to have the education, skills, and maturity to secure and keep jobs is threatened by sub-minimum (or training wages) for new workers that make meeting basic expenses difficult. The lack of affordable housing negatively affects young people as well as single adults and families.

Homeless youth characteristically lack money, insurance, or medicaid-coverage with which to buy needed services. They are often excluded from appropriate services (e.g., public welfare, educational, health, mental health, job training) because of administrative policies and procedures that make service provision contingent upon parental notification or consent, presentation of positive identification, or proof of permanent address. In addition, an over-burdened child welfare system and often unresponsive mental health system too often are at the root of a young person's homelessness.

Current Services for Homeless Youth

Having personal histories often filled with incidents of adult betrayal and failure to support and protect, homeless adolescents do not trust adults and most professionals wishing to help them. However, we find that good service and respect consistently mitigate this tendency. Essential services that help reconnect youth with their communities include: prevention programs; street outreach programs; emergency shelter and food; street clinics or mobile medical services; alternative school programs; youth employment programs; outreach and residential programs for young mothers; counseling services, out-patient and residential; and transitional living programs that promote skill-building to ensure economic self-sufficiency, educational proficiency, personal health, and strong interpersonal relationships.

Challenges for the Future

As we begin the last decade of this century, we face many challenges and hard decisions. In the interest of the next generation, we believe the following commitments must be made.

A coordinated, continuum of care, in which funding follows young people in need and not the other way around, must be provided.

- Prevention and services that act to strengthen families must be emphasized. Runaway centers have proven their effectiveness in reuniting young people with their families. The centers also provide an alternative to running away for youth -- i.e., a distraught young person goes to the center instead of out on the streets and remains in a safe and supportive environment as family mediation begins. However, there are many opportunities for prevention long before the youth calls a hotline or knocks at a shelter's door that need to be taken. In addition, home-based and other services designed to keep families intact need further development and adequate funding.

- Outreach efforts to get these young people off the streets must be supported. Too many respected street outreach programs have ended because their research and demonstration money ran out and they could not find other interested funders. Aggressive, street outreach services are basic and should not remain in the realm of demonstration. As a NNRYS member from Connecticut recently said, "The pimps and drug dealers already have a very sophisticated street outreach program for kids; we need to be able to compete."

- Aftercare and transitional services for youth leaving shelter must be provided. The new transitional living program for homeless youth is critical. It should be closely monitored, essential components should be delineated through research and evaluation, the cost of making these services more available and accessible to homeless youth should be calculated, and services should be funded at a level that begins to address the need.

- Other specialized-care research and demonstration programs for homeless youth should be provided -- e.g., programs for young mothers and their children.

A national youth policy should be established. We applaud your leadership, Senator Dodd, in this effort and thank you for introducing S. 1911, the Young Americans Act, last session. This legislation is very important to our members. In fact, the initial impetus for the Act came from one of our annual public policy symposiums and a Wingspread conference the National Network hosted in 1985.

The Young Americans Act needs to be enacted this year for several reasons:

- The Young Americans Act represents a comprehensive approach and takes the first steps to developing a national plan for children and youth. Even economically-strapped parents don't raise their children in a piecemeal fashion, deciding for example to only focus on educational needs while ignoring their child's physical, mental, and developmental needs. The federal government shouldn't, either.

- In addition, the provision of a White House Conference on Young Americans and statutorily establishing the Administration of Children, Youth, and Families as a permanent entity can further move the nation toward a unified plan.

- Just as families in crisis at times jettison their oldest children, America's service delivery system too often drops or excludes youth from its attention and services. The Young Americans Act represents a plan that includes youth.

- Programs serving runaway and homeless youth face the challenges of uneasy neighbors, inadequate physical plants, holding onto to poorly paid, overworked staff, and the difficulty of securing educational, medical, long-term residential, and other services for homeless youth. To survive organizationally and to help reconnect disenfranchised youth to community life, these community-based organizations have had to create strong linkages with other systems -- e.g., child welfare, educational, vocational, juvenile justice, law enforcement, health care, mental health. Strong coordination of services at the local level is weakened when parallel efforts are absent at state and federal levels. The Young Americans Act emphasizes the need for strong collaboration and coordination between public agencies.

The government needs to support efforts to identify who these youth are, what works, and ensure they receive quality services.

- Appropriate data collection should be mandatory for federally-funded public and private programs.

- Funds to pay for data collection, program evaluation, and travel budgets for program monitors should be provided.

- The Administration for Children, Youth, and Families should provide plans for dissemination of information and training/technical assistance for service providers.

Communities and runaways centers which wish to adopt new services should not have to reinvent the wheel. For example, although successful street outreach programs can be found in some communities across the nation, how to develop and maintain these programs remains anecdotal. There is no written guide on outreach programs or a plan of training and technical assistance to facilitate replication of successful programs.

Barriers to services must be recognized and eliminated.

- Services should be available for homeless young people who are older than 18.

- Various parental consent requirements need to be reexamined, so homeless youth who are in need of service but not in need of custodial care from the state, can receive crucial services. In such cases, the kind of support and guidance we assume when parents are involved could be provided by an adult friend, counselor, or youth worker.

The Administration of Children, Youth, and Families should examine the problem of adolescent abuse and begin to generate remedies. The very existence of homeless young people points to the failure of the child welfare and other child-service systems: it is assumed that if a young person can not be cared for by their parents, the state should and will assume custodial duties. Public agencies need adequate funding to bring down caseloads. They should be required to ensure services for all children under 18 who fall under CPS and other guidelines, whether they are boarder babies or young children or teenagers.

Increased coordination of programs within the Department of Health and Human Services (HHS) and between Justice and HHS is needed to avoid duplication of efforts.

Affordable housing must be a national priority. To that end, we support an amendment to S. 566 that would allow rent subsidies for homeless youth and those youth who age-out or leave foster care and have no family or other safe living arrangement. Rent subsidies should also be made available to families who have been identified by social service agencies as lacking adequate housing, when that condition is the primary factor in imminent removal of a child for placement in foster care or prevents a child in foster care from being reunited with the family.

Health education and prevention demonstration projects should be supported. Technical assistance and training to providers is needed to ensure that staff and residents of youth shelters receive frequent training (including accurate information and skills-building opportunities) about the prevention of sexually

transmitted diseases (e.g., HIV), pregnancy, and drug and alcohol abuse.

Federally-funded runaway centers should be required to link with health care providers and encouraged to overcome barriers that keep youth in emergency shelter from receiving educational services. The Primary and Pediatric Care for Disadvantaged Children Act of 1990, introduced last week by Sen. Dodd, is an important step in making health care more available to disadvantaged children and youth and should be enacted.

Finally, young people should be included in the planning and implementation of policies and programs that affect them. We lose an important resource when we devalue their ability to contribute. Through youth participation and empowerment we not only increase the probability that youth programs will have the intended effects, we prepare the next generation for leadership.

In conclusion, we need to see homeless young people as more than a collection of problems. We must value their energy, resilience, and ability to survive an often hostile world. We must see, and help young people to see, who they can become. The nation's young people await our leadership. The National Network looks forward to working with you as you move forward to meet the challenges discussed today.

Senator DODD. Thank you very much for your testimony, Ms. Hughes. I thank you for your support as well for the two other pieces of legislation which are still pending here, and we believe they will be of some help as well.

Let me tell our audience a little bit about our two witnesses who are with Ms. Hughes. They are Brigit and Rashida.

I will point out we've got several young people in the back of the room—how many people from Connecticut in the back of the room? [Applause.]

Senator DODD. This is called "committee packing". [Laughter.]

Brigit is from Connecticut, and we again thank you for being here.

Let me just give a little background on Brigit, and if I am incorrect in any of this information, you correct me immediately. As I understand it, you left home at age 14, and you were in a series of foster homes and institutions for child delinquents until the age of 17. You were under the care of the Connecticut Department of Children and Youth Services in our home State.

You eventually entered the Greenwich Youth Shelter where you successfully went through that program. You are now working and attending a junior college, and we commend you for those efforts.

What I tried to say in the opening statement, Brigit reflects. Your dad is a lawyer, and your mom is a nurse. You are not from an impoverished family at all, but came from the upper or middle-income strata as we normally would think of it. And you are going to share with us some of your own thoughts and feelings about what it was like during those years. We again appreciate your willingness to talk about your experiences.

Rashida is 18, and she is from the District of Columbia. She is going to describe how it was to be living with a mom who had a serious health problem, an alcohol problem, and also living in a home situation where there were some serious problems with her stepfather during those years, forcing you to have to make a decision to leave home.

I understand you sought help in a number of places before getting some strong support from the Sasha Bruce House, and you are going to discuss the difficulties that you have gone through as a young person.

One point that my colleague and dear friend from the House, George Miller, who chairs the Select Committee there—he has spent a great deal of time on this issue and has really been involved with it over a number of years. And one night, while just the two of us were talking, he said something I have never forgotten in looking at this question. He said the decision of a young person to leave home in most cases—and I'm not talking about someone who runs away for the night or the weekend or gets upset, but the person who really makes that very difficult decision—makes a very adult, rational decision. Many young people make a very mature decision that an adult, confronted with anything like the circumstances they were living under, if they were thinking rationally, would arrive at the same conclusion.

I remember being stunned by that conclusion he had reached, and yet as I listen to you, Ms. Hughes, and listen to others, I am reminded of that quote, and it seems to me that is what you are

saying, that in many cases here, these are not adolescent or childish decisions; these are very mature decisions, reached only after having given up on every other possibility that could exist at home.

If that is the case, I'd like to hear all of you address that.

Brigit, why don't we begin with you. If you've got a statement, we'll be glad to hear it, and the same with you, Rashida, and then I will address some questions to all three of you.

Brigit.

Ms. CULHANE. Hi. My name is Brigit Culhane, and I am from Norwalk, Connecticut, and I am 19.

I would just like to thank the subcommittee for allowing me to speak today about some of my past experiences. I am a bit nervous, so please bear with me.

Senator DODD. Don't worry about it.

Ms. CULHANE. At the age of 14, I had left my home because of a number of reasons. I was involved in drugs and alcohol, truancy, just basically a lot of misbehaviors. Because of an incident that happened in my home, I was involved in the juvenile court system in Connecticut, and they suggested that I be sent away. And both court and parents agreeing, and I not really having much of a say in the matter, I left, and I was at a so-called boarding school for about 11 months, and I would just like to share with you some of my experiences there.

There were many different racial groups at this school. My best description of the school would be the streets of, say, Hartford, Connecticut brought to the back woods of East Hadham, Connecticut. It was really a very unsuitable environment. There was sexual, physical and emotional abuse going on with the residents as well as with the staff members.

After being there for 11 months, I, on my own, decided to leave, discharged myself and never returned.

From there, I was not welcome back at my home because I had never discussed my leaving with my parents, plus the fact that there was a certain amount of dysfunctional family. And since I was not able to go home, I was going from shelters—the Greenwich Youth Shelter, which you spoke about—and I was involved in group homes, and drug and alcohol rehabilitation. I never really found that these programs helped me out too much.

I really was struggling to find a place to live for a few months at a time and really not being able to choose where I would go, but just really going there just to have a bed to sleep in.

But I do feel that these programs are good for the people who are suitable to be in the programs. I feel that there is a problem with overcrowding. I would at times have to wait a number of days, staying on the streets or staying at shelters, to get into a program because there were no available beds, and unfortunately, people who were court-appointed to these programs got priority over the people who went in voluntarily, and I was going voluntarily.

I am 19 now. I was in group homes and shelters, and then really making the transition, not even being prepared to go into the adult system, which is a big change from the youth agencies that they have, in Connecticut.

Unfortunately, I have had to experience the reality of eating in soup kitchens, and to tell you the truth, because my family situa-

tion, never really thought I would end up living on the streets and in these adult shelters. I just never thought it would happen to me. But it does happen to many, many youth in the United States.

I just really feel that it is important for me to say today that I am doing well, and I know you don't have to stay in a situation if you don't want to. And I know I don't belong on the street, and I know I don't belong in soup kitchens, and I don't have to be there. Therefore, I made steps in bettering my life.

I think that's about all I want to say——

Senator DODD. So you consider yourself lucky, in a sense, to come out of it—you didn't get the sense that the system at the time was providing the kind of help to you, but rather, you did it sort of on your own?

Ms. CULHANE. Basically, yes.

Senator DODD. But did you see a number of people during that process who did not have that same whatever it took in your case to make the decision to move away from the kind of life that you were leaving—others who were not in that situation?

Ms. CULHANE. There were some in the same situation as mine. I remember running away several times from some programs. I'd like to say that I never did complete a program. I was either kicked out, I ran away, or there was just some reason why I could not finish the program.

Senator DODD. All right. Thank you very much, Brigit.

Rashida, we thank you for coming this afternoon as well.

Ms. RASHIDA. Hi. My name is Rashida, and I am 18 years old.

I lived with my aunt since I was 7 years old because my mother was an alcoholic, and most of the time she was sick. A few years ago, my aunt and I argued all the time. We just constantly argued, and we were not getting along at all.

A man who lived upstairs from me, Mr. Clarence Bond, who happened to work at Sasha Bruce House, talked to me and he referred me to the program. I stayed there for less than two weeks while my aunt and I participated in family counseling.

The family counseling worked out, so I went back home. Shortly after, my aunt was set out of her apartment, and she had nowhere to go. I went to live with my brother. My brother's wife and I did not get along. We always argued, fussed and fought. About three months after moving in with my brother, my brother pulled a gun on me. I left and moved in with a manager I used to work with. Her oldest daughter started living back at home, and we didn't get alone, so I returned to the Sasha Bruce House.

During the time that I was moving around a lot, I didn't want people to know about my situation at school, so I stopped going regularly. I often worried about someone stealing my clothes, and when I was at my brother's, I had to worry about how I would eat, because I had to buy my own food.

I think that if me and my brother and his wife had sat down and talked, everything would have been all right, and if my mother were living and were here now, things would be better.

It was helpful for me and my aunt to get counseling because we started communicating better and doing more things together. Also, my being referred to Sasha Bruce Youthwork's Independent

Living Program really made a difference in me getting my life back together.

I feel great to be able to say that this year, I will be graduating from high school and plan to go to college.

Senator DODD. Very good, and we thank you for sharing that statement with us.

Ms. Hughes, we have been joined by two of my colleagues, Senator Coats of Indiana and Senator Kassebaum of Kansas, who have a deep interest in this subject, and we have all been involved on the Floor on a lengthy debate on another matter, so I know they are tied up over there and I am anxious to hear what went on over there, but I'll have to find out at another time, I guess, so the discussion can go forward.

Let me just ask you a couple of questions, if I can.

One is, when I read the numbers between 100,000 and 300,000, my reaction, as I presume it may be from others, is that is an awfully wide gap in estimates. And the thought occurred to me that, well, you are getting people who are coming in and out of this system all the time, so it may be fairly difficult to get a number that may more closely approximate that number.

Is that the reason? What is the reason why you've got a 200,000-person gap in those statistics?

Ms. HUGHES. I think it does have something to do with the fluctuation and transition of the population. I think that it has to do second with the invisibility of the young people. There are young people who are homeless who live in abandoned apartment buildings, who sleep in parks and places where there may not be access to really counting them.

And third, I think that we are learning how to define the population, and our definitions sometimes impact how it is that the numbers turn out. So when we talk about the number of runaway youth, if we have a very clear and distinct definition, that will give us one number; if it is a little broader, or if it is used in a different way, then it may produce different numbers. And that is certainly the case with the term "homeless youth".

Senator DODD. Why don't you help us a little bit on that? What are we talking about here in definitional differences between a "runaway", a "throwaway" and a "homeless" youth? Where are those distinctions made?

Ms. HUGHES. I think that the GAO report uses the DHHS definitions. And I do have a problem with some of the definitions that are currently being used. The runaway is described as a young person who is under 18, away from home without parental or other adult permission. That really may be too narrow a definition in some cases. I would be happy if we used a narrow definition for some of those youth as long as we don't exclude some youth, but we just find another way to count them. We have so many youth who are running away from child welfare placements, who are in the child welfare system, and they may not technically be counted as runaway youth. We need to be sure that we capture those young people.

Senator DODD. By the way, did you agree with what George Miller told me about young people making adult decisions?

Ms. HUGHES. Absolutely, absolutely. The case that I talked to you about of the young man who chose to run away in order to save his life because of being out of control with his substance abuse problem—he thought he would kill himself if he stayed in his family situation

Senator DODD. Now, "homeless" again—there are "families"—we are seeing the largest increase in the number of homeless are children, and the overwhelming majority as I understand it—and you correct me if I am wrong—are there with family. Now, it may be just a mother, it may be someone else, but there is a family unit of one kind or another that is in that homeless shelter; am I correct in that?

Ms. HUGHES. In terms of adolescents?

Senator DODD. Not necessarily. I am curious, because the children I saw the other day in the homeless shelters were being brought in by family members; they were not coming in on their own.

Ms. HUGHES. Yes. Typically, children will come into homeless shelter kinds of situations; very typically, also teenagers, unless they are young women—if they are males, particularly—will not be seen in homeless shelter situations, 1) because there are limitations in terms of their being able to be in that shelter. Young males are perceived as being troublemakers. They may be somewhat out of control in terms of their behavior.

The other thing about homeless youth again is that we have homeless youth who may not fit any of the current definitions who are fugitives from the child welfare system, or having been ejected from the child welfare system; they are still under 18, but they maybe don't get counted in some of the other systems that we have for reporting.

Senator DODD. OK. And the throwaways?

Ms. HUGHES. Throwaways again are a segment of the homeless youth population if you use a broader definition. They are the ones who have been ejected by their parents, told, "Don't come back; pack your bags"—if you get bags—and "We don't want to see you again."

Senator DODD. What percentage of that 150,000 or 200,000, to use an average number, would fall into that category, in your opinion, roughly—I realize it is impossible——

Ms. HUGHES. I honestly don't know. Do you mind if I ask a colleague?

Senator DODD. Not at all.

Ms. BUCEY. A lot depends on what day you are asking the question.

Senator DODD. Try today.

Ms. BUCEY. Children leave home, and their parents may have forced them away; they may get into some sort of system and they are forced out of that system; they may be applying for another system. The lives of these children over that chaotic period, they can be classified in numerous ways as you go along the steps. And once a child is a "free kid", he can be included in those young people who have entered into choices of being prostituted or perhaps involved with drugs, but have begun to internalize and feel themselves as "free kids" who are caught in that and can't get out.

So there are steps as you go along, and you don't know just what day they are there.

Senator DODD. All right. I appreciate that. What is your name?

Ms. BUCEY. June Bucey.

Senator DODD. Thank you, June.

One of the things that occurs to me here is that we can end up having this lengthy discussion about narrow definitions and so forth of "runaways", "throwaways" and "homeless", and what we are really talking about is kids who are out of a normal home setting for whatever reason and need help, and if we have to start trying to break this thing down, I'm going to go crazy trying to figure this thing out. And I suspect it would be well worth all of our efforts to stop trying to come up with these sort of narrow definitions—am I correct in that?

Ms. HUGHES. I think that your approach to that is precisely what we need in terms of dealing with the problems of these young people. They need services designed specifically for the problems that they are facing.

It is helpful at times, in terms of designing programs, to get some clarity in the definitions, as long as we don't make them exclusionary, and we continue to embrace the fact that there may be kids who fall outside of our definitions.

Senator DODD. Tell me a little bit about people who work in these shelters. What sort of training and background, if any, do they have, particularly with young people? I suppose that runs the gamut, but what are some of the best examples and some of the worst?

Ms. HUGHES. I can speak to you from my own experience of having been executive director of an agency in Nashville, Tennessee, Oasis Center.

We specifically look for people with training and preparation in the human services arena. We look for people who have some experience in working with youth.

But I will tell you we also are somewhat flexible about that because some of the best people who work with youth may not necessarily have that experience that could fit into a box that makes it seem to be the most acceptable or have the appearance of being exactly what might look like should be needed. It may be a volunteer type of experience, or it could be an experience that they had as they were coming through college.

I do want to say, though, that it is very, very important for the people who staff our programs that they get professional training. We have a dearth of programs in our country that are designed to help train our people to deal specifically with the needs of the youth that we are serving. As you said, the youth are increasingly more troubled that we see— or perhaps it was Dr. Horn—that we need to stay on top of what it is that these problems are and what are the best ways in which to treat them.

The professional programs that we have have typically been designed to be either child welfare-oriented, to be oriented toward children, toward mental health, but not toward youth service issues, and with the emphasis of looking at the strengths that these young people have, the strengths that they have in order to survive in very, very adverse circumstances and being able to have the

skills needed to draw upon those strengths to help them move ahead and really make it.

Senator DODD. We've got a bill that is going to be coming up, and we hope it will be supported, that includes the President's Points of Light Foundation. It is called the National Community Services Act, and Senators Mikulski and Kennedy and others have been deeply involved in the question. One of the parts of the bill is one where we try to plug into State programs that take young people who could be volunteers who have not necessarily attained the educational levels, but can do a lot of good things. And in fact, 11 States have such programs, urban youth programs as well as conservation programs. One of the best is right here in Maryland, where high school dropouts get involved in these programs. The results are that once they are in these programs, they turn out to be excellent volunteers, then returning to college, returning to school, getting their degrees, getting their lives straightened out because they have had a chance to do something larger than themselves, to become involved in something bigger than themselves, a sense of contribution and of giving.

I am wondering if for instance there would be some wisdom in taking a look at people like Rashida and Brigit here as pretty good workers in shelters, working with youth. Here you've got some people with some real what I'd call on-the-job experience, in a sense, who could be plugged into these programs.

Is any effort being made to get some of these young people who are coming out of this, show the talents and abilities to be good workers in these shelters, and see if we can't bring some of them into the program? Is that being done at all?

Ms. HUGHES. Many of our programs have mechanisms to involve youth who have either gone through the programs or who are in the programs currently, to be involved in designing, planning the activities of the program, in peer counseling activities. There are a number of organizations that use youth in helping to look at the policies of their agency and how they impact the services that they provide in general. Youth are involved in advocacy activities as a way of having them, as today, speak about their own concerns and also, as you have mentioned, in volunteer types of activities that give them a chance to give back.

Senator DODD. So you would agree with it, and there are some efforts being made.

Ms. HUGHES. I do agree with it. I think that there is a caution, and that is that we have to be very careful to understand that young people who are in crisis, who are in that very transitional stage of their lives, have a lot of issues that they are trying to deal with at that time, and that we don't put them into situations that may cause them more confusion and disturbance.

Senator DODD. I don't disagree with that, but give them a chance to do something——

Ms. HUGHES. Other than that, I agree, absolutely.

Senator DODD. There are 50,000 kids in 11 States, working in volunteer programs, the overwhelming majority of whom would never qualify for a VISTA program or a Peace Corps program because they haven't achieved the academic levels or might not pass some tests that we provide, but yet have remarkably made significant

contributions to helping work out their own problems. I do agree with you that you don't want to take someone in crisis and put them in that situation, but it seems to me when you've got someone like these two people in front of us here today, those would be the kinds of people who might very well make a significant contribution, and we thank them.

Anyway, let me stop there and turn to my two colleagues for any comments or questions they may have for you or Brigit or Rashida.

Senator Coats?

Senator Coats. Mr. Chairman, I apologize for not being here earlier to hear the testimony. I thank you for holding the hearing.

I did have just one question, Della, that I would follow up on, on the definition of "runaway" and "throwaway" youth. I think the point you made is important, and I would assume that the programs and the type of help that you have to structure for those two classifications would be substantially different. I mean, it is a kid who is faced either with the situation of, "You're outta here," or who says, "I'm outta here." There is an entirely different set of dynamics at work there and attitude and so forth on the part of that child. I agree that that child needs help in either circumstance, but I would think that the type of help they need and their receptivity to help is completely different—and I guess that's what you said. I just wanted to clarify that.

Ms. HUGHES. I think you are correct that the dynamics are very, very different, and that they need to be approached on a very individualized basis in terms of what is going on with them.

It is possible that a runway and a homeless youth may end up getting identical kinds of services, but we need to be prepared, and our system is not. It is not prepared to deal with the real core differences in the needs of those populations for the longer-term services that either one of those need. And homeless youth in particular will probably need—our programs have been very, very successful in having runaway youth reunified with their families, and they may need followup counseling. Homeless youth, on the other hand, need the longer-term services that may include a range of independent living services and things like that.

So you are exactly right that there are differential needs and differential receptivities.

Senator Coats. But you are saying that most support programs don't make that distinction or are not structured to make that distinction in terms of treatment; that the treatment programs available for the youth away from home for whatever reason are essentially the same?

Ms. HUGHES. I think that all of our programs would say they know the difference in runaway and homeless youth, and they know the difference in what it is that they need, but they feel the intense frustration that they don't have the resources for making positive referrals or placements of those homeless young people once they leave that shelter. They beat their heads against the walls, as do the people in the child welfare system, when our people pick up the telephone and say, "Can you take this kid into your custody, because there is nothing here for them?" And they don't have any resources, either.

So even though we have made a very, very positive attempt in developing independent living programs and transitional living programs, we still have very, very few resources there for the real need.

Senator Coats. Is there a difference in receptivity of a host family taking a child if they are a throwaway or a runaway? Is there a major difference? In other words, if you call a family and say this young person was kicked out of the house and just can't go back, is there a difference in receptivity to someone who says this young person voluntarily ran away, didn't want to live at home? I assume there are differences in attitude and in the behavioral problems that that person is facing and so forth, but is it a distinction that makes a difference in terms of placing those children?

Ms. HUGHES. I'm not sure that it would necessarily in a host home situation. And the attitudes—every youth on a case-by-case basis will have so many differing kinds of dynamics and concerns and issues that they are dealing with that the real task of the person in the shelter who is making that assessment of what is going on is identifying what the problem is, what the needs are, and making the best possible match with the resource. So those families probably right up front aren't going to make the distinction of runaway or homeless; they want to know, and they trust us that we are going to understand the situation and make a very positive match with them that is going to fit.

Senator Coats. Thank you.

Thank you, Mr. Chairman.

Senator DODD. Thank you, and let me point out as well—I want to thank my colleague from Indiana—he had very graciously offered to continue chairing this hearing and changed his schedule to try and accommodate us because of another conflict I had. That conflict seems to have worked out a little bit, so I appreciate it.

Senator Coats. I am glad to be here in any event.

Senator DODD. Senator Kassebaum?

Senator Kassebaum. Thank you, Mr. Chairman.

I arrived late, and I apologize, and I have no questions other than to just say how much I appreciate your coming and testifying. I know that it helps the hearing record on this very important issue.

Senator DODD. Thank you, Senator Kassebaum.

Thank you again, all three of you, Ms. Hughes particularly, for your expertise and knowledge in this area—it is very, very helpful—and your colleagues, many of whom are in the room as well, for their participation in the national conference this week. We look forward to a close working relationship with you.

Brigit and Rashida, again our deep appreciation for your showing the kind of courage and willingness to come forward and talk about your own personal lives. It helps us a great deal to have the information which you shared with us. So we thank all three of you for being here.

Ms. HUGHES. Thank you.

Senator DODD. We'll ask our last panel to come to the witness table now, please. Members of this panel include Virginia Price, Clinical Director of the Bridge Over Troubled Waters in Boston, Massachusetts.

Bridge Over Troubled Waters is a comprehensive, multiservice agency that serves over 5,000 runaway and homeless youth annually.

Deborah Shore is the Executive Director of Sasha Bruce Youthwork, Incorporated, here in Washington. Ms. Shore will describe her work with homeless and runaway youth and Sasha Bruce Youthwork, which provides counseling and drop-in services to almost 1,000 young people a year in this city.

The Reverend Thomas Behrens is the Chairman of the Youth Committee of the Chicago Coalition of the Homeless and Executive Director of Northside Ecumenical Night Ministry, Exodus Homes, in Chicago, Illinois. Mr. Behrens will describe his experience providing outreach to homeless youth in Chicago and the breakdown of the family that leads to their condition.

And lastly, Mr. Clarence Small, who is the Director of Neutral Ground, which is in the Wyandotte House in Kansas City, Kansas. Mr. Small will describe the way that his program reunites runaways with their families.

We again thank all of you for being here, and I have just been informed that we are going to begin with you, Mr. Small—the last shall be first. And again, I want to ask you to try and keep your statements relatively brief. However long they are, they will all be included as a permanent part of the record.

I would turn to my colleague from Kansas, if you would care to make any introductory remarks, since Mr. Small is a constituent.

Senator Kassebaum. Well, I will say, just briefly, I am very pleased to have Mr. Small here. Wyandotte House and Neutral Ground do a wonderful job in Kansas City, KS. In fact, they have built up a program that has been copied elsewhere. They are looked up to throughout the State of Kansas, and I myself am just very impressed with all aspects of the work of Wyandotte House that I have seen. I'm pleased to have Mr. Small here testifying today, Mr. Chairman.

Senator Dodd. Thank you very much.

Mr. Small.

STATEMENTS OF CLARENCE SMALL, DIRECTOR OF EMERGENCY SERVICES, NEUTRAL GROUND, WYANDOTTE HOUSE, INC., KANSAS CITY, KS; VIRGINIA PRICE, CLINICAL DIRECTOR, THE BRIDGE OVER TROUBLED WATERS, BOSTON, MA; DEBORAH A. SHORE, EXECUTIVE DIRECTOR, SASHA BRUCE HOUSE, WASHINGTON, DC, AND REVEREND THOMAS BEHRENS, CHAIR, YOUTH COMMITTEE OF THE CHICAGO COALITION OF THE HOMELESS, AND EXECUTIVE DIRECTOR, NORTHSIDE ECUMENICAL NIGHT MINISTRY, EXODUS HOMES, CHICAGO, IL

Mr. Small. Mr. Chairman and members of the subcommittee my name is Clarence Small. I am from Kansas City, Kansas, where I work as Director of Emergency Services for a comprehensive youth organization called Wyandotte House, Incorporated. I also proudly serve as a board member of M.I.N.K., which stands for the Missouri, Iowa, Nebraska, and Kansas Network of Runaway and Homeless Youth Services.

My organization is also a proud member of the National Network of Runaway and Homeless Youth Services.

Unfortunately, the few minutes I have been give to speak are not enough time to adequately describe the youth needs, present programs, or future expectations. But if I could possibly leave a thought, stir your conscience, or make an immediate impact, it would be this. Runaway centers, youth programs in Kansas, as well as all across the country, do a good job of working to reunify youth with their families.

I was one of the fortunate ones who was raised in a loving family by a single mother who was there to help me to mature into adulthood. Unfortunately, there are youth who don't or won't have the adequate parental nurturing, and it is at that point that runaway centers enter to help make the difference in the family—integrating versus disintegrating.

All youth cannot go home, but when and where possible, every effort is made to make the family unit functional during and after periods of crisis. In Kansas City, Kansas, my shelter proudly boasts a 60 percent success rate in reunifying youth with their families. We are just one of many runaway programs with similar success rates.

But we want to be even more successful in the immediate future, working toward family reunification, and part of that depends on commitment. While useful and necessary legislation has been passed resulting in the Juvenile Justice and Delinquency Prevention Act, the Runaway and Homeless Youth Act, the Transitional Living Grant Program, the Drug Abuse Prevention Program for Runaway and Homeless Youth, to pass the act and design the program is simply not enough.

The next and most significant step is to provide the essential funds needed to make our programs not just good, but great. Please help us, fund us, assist us, in turning around the family struggles and making them into family successes.

Thank you very much.

[The prepared statement of Mr. Small follows.]

PREPARED STATEMENT OF CLARENCE SMALL

Mr. Chairman and Members of the Subcommittee:

I would like to thank you for the opportunity to share some of my experiences and agency efforts to reunite runaways with their families.

My name is Clarence Small. I'm from Kansas City, Kansas where I work as Director of Emergency Services for a comprehensive youth organization called Wyandotte House Inc. I also serve as a board member of M.I.N.K. (Missouri, Iowa, Nebraska, Kansas Network of Runaway and Homeless Youth Services) with office headquarters located at Synergy House Inc., Parkville, Missouri. Wyandotte House Inc. is also part of the national network of runaway and youth services.

I am one of the fortunate ones. I grew up in a single parent home with a lot of support from a loving mother, three (3) sisters and one (1) very special brother. In our home, the family unit was taken very seriously. We ate together, played together and prayed together. We didn't have the best of everything but it didn't matter. If something happened that affected one family member, each one of us shared in it whether it be joyous or sorrowful.

In my adult life, I've come to treasure those experiences that I had as a child. My mother worked VERY hard to create a healthy,

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positive environment which enabled me to develop into a healthy, positive adult.

Unfortunately, in our society, we tend to throw away things that are broken. When the family unit breaks down, the youth tend to be discarded (physically and/or mentally) which may create a "runaway." However, runaway centers all across the country have recognized this problem and have endeavored to assist the runaway youth and reunite the family.

For the past 9 years, I've been associated with one such center, Neutral Ground, which focuses on family reunification. It is not possible for every young person who comes through our doors to return home for many reasons. But, at Neutral Ground, we're proud of our 60% success rate of reuniting youth with their families with a recidivism rate of less than 3%, with 75% of the youth we serve living within a 40 mile radius; good counseling, networking and aftercare services attribute to our success rates.

THE PROGRAM

Neutral Ground is a 24 hour runaway center providing an alternative for runaways, youth at risk, and youth in crisis. Located in Kansas City, Kansas the center is less than 5 minutes from downtown Kansas City, Missouri. Neutral Ground provides services to youth ages 10 to 17. Sixty-seven percent of our youth

are police referrals, not due to criminal activity -- but conflicts in the home. Our police also are a source of transportation for the youth to our shelter. Twenty percent come on their own. Youth come from various socio-economic and ethnic background. The center serves an urban area known for its depressed economy, high teen pregnancy and crime rates while also serving an affluent area which is considered the third richest county in the nation.

Youth are aware of our program from radio and television public service announcements, newspaper ads and articles, posters and brochures which are placed in prominent areas. During the school year staff will visit school districts, classes and speak at school assemblies. Neutral Ground also co-sponsors community events such as Optimist Youth Appreciation Week.

INTAKE

Work at family reunification begins when the child first enters our center. Each youth will be assigned a primary counselor who will follow that case through completion. It is the counselors responsibility to meet with the youth daily, help youth and family to set up goals and work toward solutions. Immediately upon arrival, regardless of the hour, efforts to get to the core of the problem begin with recognizing that "running away is usually a symptom of greater problems." To ensure that the best care can be

given, a Drug and Alcohol, medical and social assessment which includes all elements of the youth's life is completed.

Once information is gathered and physical/sexual abuse is not the major problem, the task of reunification starts with notification of parent or legal guardian within 24 hours of arrival. It's important to establish a trust relationship with parents and relieve anxiety, so we attempt to contact them as quickly as possible by telephone or in person. The following information is given:

1. Explanation of program and identity of staff
2. Assurance of safe arrival of youth
3. Program expectation
4. Brief description of major problems
5. Verbal permission for youth to stay
6. Commitment of parent to work with Neutral Ground

We also inform parents that we stand ready to help in a non-judgmental capacity and by no means are we there to take over their parental responsibilities or to advocate separation of the family unit. According to federal guidelines the maximum time that a youth can stay at Neutral Ground (as in the case of most runaway centers) is 14 days. Therefore, it is extremely critical to move swiftly and professionally towards a resolution. It's also important to get the family back together as quickly as possible so aftercare can begin. As counseling progresses, the youth,

parental and staff move toward a disposition plan with everyone involved in the decision-making process.

NETWORKING

Being a short-term agency, we realize that those issues which caused the family to utilize our program may reoccur or never go away. So part of our services are to network with community agencies which can further help the family. After the youth leaves Neutral Ground, the family is referred to a family counseling agency as part of the disposition plan. The primary counselor will set up the initial visit by telephone and encourage the family to follow through.

Networking also becomes important as Neutral Ground addresses the needs of youth who cannot return home. Negotiating and mediating on behalf of a youth for placement into foster care, group home or state custody becomes essential. Networking with local authorities helps to facilitate this process.

AFTERCARE

With the help of a volunteer (retired school teacher), youth will be contacted at least 5 times during the year following their departure. The volunteer talks with them via telephone asking a series of questions which include:

"Have you runaway since returning home"

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-How are things at home now

-Were Neutral Ground services helpful

-Are further services required

Written documentation occurs and immediate followup services are provided if needed either directly or through referral.

Recently, an outreach drug and alcohol counselor was added to the staff who will be going into the homes of youth where substance abuse was a primary problem.

CONCLUSION

In conclusion, I have summarized what Neutral Ground is doing and while we, like other centers, have excellent, successful programs - IT IS NOT ENOUGH!!!

While useful and necessary legislation has been passed resulting in the:

- Juvenile Justice and Delinquency Prevention Act
- Runaway and Homeless Youth Act
- Transitional Living Grant Program
- Drug Abuse Prevention Program for Runaway and Homeless Youth

to name a few. To pass the acts and design the programs is not enough! The next step and the most significant step in this dynamic process is to provide the additional federal funds needed to bring these programs to fruition. Once this step is completed, we will be in a better position to serve the youth and assist their family in the reunification process.

Senator DODD. Thank you very much, Mr. Small.

I guess this should have been said at the outset. I am confident all of us here share your goals and the goals of those of your co-panelists, and that is, what is staggering to me is that we have kids who are living home for whatever reason, and how we can possibly get them to reunite with their families ought to be the goal; how you provide for the services in that transition period is an important question, but ultimately what we ought to be trying to do is to get families back together again. I commend you for that high success rate. I think that is terrific.

Senator Kennedy wanted to be here, Ms. Price, and he apologizes. He wanted to welcome his constituent as well from Massachusetts. But we thank you for coming down today, and I know he has some remarks that he will include in the record of today's hearing, which will include a welcome to you for being here.

Ms. PRICE. Thank you.

I am here representing Bridge Over Troubled Waters. Bridge is one of the original members of the National Network of Runaway and Youth Services.

Bridged is a comprehensive multiservice agency for runaways and homeless youth. As you mentioned, we work with about 5,000 young people annually, and these young people are a very diverse group who run from violence, instability and chaos in their families to a street lifestyle of violence, instability and chaos; they are seeking the familiar on the streets.

Over the past 20 years, Bridge has developed innovative service programs for street youth. These include the original Street Outreach Program for Youth; we had the first free medical van in the country and to my knowledge, we have the only free dental clinic for youth. As more traditional services, we have a Runaway Basic Center Grant; we offer long-term substance abuse counseling for these youth; we have vocational and educational services and a teen parenting program. We also have two transitional living programs for youth, and our newest service component is cooperative apartments for youth who graduate from our transitional living program, and that offers them another year of stability for aftercare.

I'd like to specifically focus on two of our programs which I believe are of interest to this committee. First is our free medical van. Since 1970, the Bridge free medical van has brought medical services to youth who might otherwise never find the help they need. Each week night, the van makes regularly scheduled stops in areas of Boston and Cambridge where street youth gather.

A pool of 17 physicians and 41 nurses volunteer one night each per month. The use of volunteers constitutes a powerful message to these youth that professionals do care about them, and the professionals are willing to extend themselves to offer assistance to them.

For many youth trapped in the street lifestyle of instability and chaos, the regular appearance of the medical van offers the only positive structure in their lives. It is a front-line service, reaching out to the neediest youth.

The van is also used one day a week to provide health care to young single parents living in the welfare motels.

The van, a converted mobile home, consists of a waiting area, two examination rooms, a laboratory facility and a small pharmacy. The most common medical concerns treated are upper respiratory infections, minor traumas, sexually transmitted diseases and dermatological problems.

The waiting area is stocked with an array of educational material for AIDS prevention as well as for alcohol and drug abuse prevention.

The medical coordinator and a street worker are available to respond to the psychosocial concerns of the youth.

Approximately 800 youth make 3,000 medical visits annually to the van. Two thousand additional youth drop by for a sandwich, a cup of coffee, or just someone to talk to.

The Bridge free medical van was the first of its kind in this country. Bridge estimates that replication would cost approximately $60,000 to purchase and equip a van. Operating costs, principally salaries and medical supplies, are about $70,000 yearly. Since Bridge uses volunteer health care providers, their services amount to approximately $30,000 yearly in in-kind donations.

I would also like to talk a little bit about our transitional living programs. We have two. One is for street youth 16 to 21 years old, and the other is for adolescent single parents. These houses are available to youth who express a desire to leave street life behind and move toward independent living.

Youth must agree to attend school, work a job, be involved in managing the house, open savings accounts, pay $50 a week in rent, and receive counseling, which includes a mandatory weekly group meeting that services as a vehicle for conflict resolution and provides an opportunity for interpersonal feedback and for insight into themselves.

Bridge offers young people nine to 12 months of housing, training in independent living skills, job development, medical screening, evaluation and treatment, psychological evaluation and treatment which emphasizes issues of sexual abuse, sexuality, prostitution, drug and alcohol abuse, depression, self-esteem and AIDS prevention. The project is staffed by a project coordinator and seven counselors who are responsible for 24-hour coverage of the house.

The service portion of this program, which can house 16 youth at a time, costs approximately $300,000 per year. The single parent residence, which serves eight mothers and eight babies at a time, costs approximately $250,000 yearly.

Fewer than 20 percent of the 75 youth annually who reside in these two programs return to street life. Much of the success of this program can be attributed to the creation of a strong family atmosphere. In many ways, our staff are re-parenting these youth, offering them both the nurturing and the limits that were lacking in their families of origin. Of particular importance are the parenting skills the young mothers develop. Having grown up in abusive families, they are at high risk for perpetuating abusive patterns. By intervening during the first months of their parenthood, we offer these young families the opportunity to escape lives of depression, abuse and poverty.

For close to 20 years, Bridge has been a consistent provider of services to homeless youth. New programs have evolved to meet

changing needs and new trends. We have always aimed to be there for distressed youngsters when they have nowhere else to turn. As a result, we see a lot and we hear a lot.

The complexities of modern living and the ensuing stresses have taken a toll on the family. Its most vulnerable members, the children, have suffered tremendously. Programs like Bridge help some of these young people literally pull together a life that makes sense. But we are always riding upstream, facing increasingly complex trends in this society.

Bridge and programs like us will continue to do what we can, but we need more support from the outside, and particularly from the government. It is my sincere hope that the information provided here will be used to generate increased support for programs like Bridge, facing front-line problems on the front lines.

Thank you.

[The prepared statement of Ms. Price follows:]

PREPARED STATEMENT OF VIRGINIA PRICE, M.ED.

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My name is Virginia Price and I am the Clinical Director of The Bridge, Inc. in Boston, Massachusetts.

Bridge Over Troubled Waters is a comprehensive multi-service agency for runaway and homeless youth. Founded in 1970, Bridge responds to over 2200 youth annually at our main office. We make contact with an additional 3,000 youth through our street outreach services and Free Medical Van. Bridge works with a diverse group of young people ranging in age from 13 to 25, although the majority are between the ages of 16 and 21. They are a racially mixed group: approximately 60% white, 30% Afro-American and 10% Latino. Other ethnic groups are rare. Overall, Bridge clients are 60% male and 40% female. However, adolescents under age 18 are 55% female and 45% male. The reverse is true for those over 18: 68% male and 32% female. Sixty percent are from the Boston area, 30% are from other communities in Massachusetts, and 10% are from other states. Approximately 60% are homeless -- staying in shelters, depending on friends for temporary housing, or literally living on the streets, in abandoned buildings, subways, abandoned cars, church basements, etc. These youth come from a spectrum of socio-economic backgrounds: 24% report welfare as the primary source of family income while 19% report that one or both parents are employed as a professional. Despite their diversity, these youth share a common family background that sets the stage for their homelessness and street involvement.

Homeless street youth tend to come from families characterized by a high degree of discord and dysfunction. For these adolescents, homelessness and the violence of the streets are more attractive than remaining in a family setting characterized by parental alcoholism, deprivation and neglect, and physical, sexual and emotional abuse. Runaways from healthier families tend to return home. Thus the streets are populated by adolescents from extremely disturbed families, or by youth thrown out of their homes with no option to return.

Only 20% to 25% of homeless youth at Bridge report intact families and these youth have predominant memories of quarrelling and physical abuse between their parents. The majority of these adolescents have been raised in single parent families due to divorce, death, or desertion, or they have family histories characterized by multiple marriages and remarriages, with an array of half-siblings and step-siblings. They tend to have been isolated from contact with an extended family, and report an absence of structured activities in their childhoods. Most striking is the presence of continuous abuse of the youths by their parents and by other adult family members, as well as an extraordinarily high incidence of familial substance abuse.

When surveyed, approximately 25% of homeless youth report that one or both parents are alcoholic or drug abusers. However, when the family is assessed by a counselor, the incidence of parental substance abuse rises consistently to approximately 65%, and rises even higher with the inclusion of step-parents and older siblings. This discrepancy is suggestive of the degree of denial, in which substance abuse is perceived as normal behavior.

Homeless youth are more willing to identify themselves as victims of physical abuse. When Bridge asked homeless youth about physical abuse, 65% reported that they had been physically abused, 30% chose not to answer, and only 5% clearly stated that there was no abuse in their homes.

This history of victimization in their families continues on the streets. Street life is violent, and those youth unable to physically defend themselves are the target of violence from stronger peers; there is always someone who is

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stronger. Younger street youth tend to drift back and forth between home and the streets for several years until home becomes too painful or they become physically strong enough to defend themselves on the street.

The repeated interpersonal losses youth have suffered set the stage for depression, which is prevalent among street youth. They have negative expectations of others and of the world, and little hope that the future can or will be different. Without hope for the future, they learn to live in the present. Their life-styles revolve around immediate gratification, with little thought to the consequences of their actions. They become impulsive, and then their perception is that life is becoming increasingly unpredictable. Youth become trapped in street life, seeking excitement today to ward off the pain of an even emptier tomorrow.

In time, these youths' behavior may become suicidal. While it is rare that street youth take their own lives, they care so little for life that they place themselves in high-risk situations. Street youth who die do so as a result of murder, drug overdose, AIDS, or bizarre accidents. For some street youth, the threat of death is not a deterrent; it is an attraction. They become progressively confused, unable to differentiate between pleasure and pain.

Street youth usually turn to alcohol and other drugs to escape their emotional turmoil. They have access to a wide range of drugs, although alcohol is the most widely abused substance. Marijuana use is pervasive. In recent years cocaine abuse has become commonplace, although its cost is prohibitive for many street youth. Most street youth do not perceive alcohol and marijuana as

drugs; they view them as a lifestyle, and reserve the term drugs for more expensive substances. Approximately 60% of the street youth Bridge sees have an active substance abuse problem. Of these youth, 71% abuse alcohol, 45% abuse marijuana, 33% abuse cocaine in its various forms and 7% abuse heroin. Twelve percent report IV drug use in the 30 days prior to coming to Bridge. For these youth, street life facilitates a rapid progression of their substance abuse beyond what would be expected given their chronological age. They are living in an environment in which alcoholism and substance abuse are considered the norm, and abstinence or occasional use is considered deviant. Living on the streets, these adolescents lack the structure of school, jobs, curfews, etc., that might motivate a more typical adolescent substance abuser to controlled use.

Unfortunately, as homeless young people aged 18 and over use shelter facilities designed for the older homeless population, these youngsters are becoming acculturated to a "shelter lifestyle" that precludes the use of motivational services like Bridge offers and hence unwittingly enables them to remain trapped in a lifestyle of dependency. A concomitant effect is the bonding that occurs with older, homeless substance abusers that mimics the relationships in their often dysfunctional families of origin. Another related problem stems from shelter guidelines which allow for indefinite stays. Thus, homeless youth have little motivation to change their lives.

Street youth usually spend their days congregating in downtown Boston. During the winter, they hang out in shopping malls, arcades, bars, movie theaters, and fast food restaurants. In warmer weather, they spend their time outdoors,

either on the Boston Common, or on street corners. Youth in shelters arrive downtown during the morning rush hour; those staying elsewhere arrive in the early afternoon. Their days are spent arranging to meet their survival needs. Once this is accomplished, youth spend time hanging out with friends, often drinking or getting high. Their discussions typically focus on some intrigue such as a fight or an expected scam. These youngsters often complain of boredom. A common misconception about street youth is that they all engage in prostitution. Bridge has consistently found that under 20% of homeless male and female youth resort to prostitution as a means of survival. For most, the prostitution is linked to their drug addiction and puts them at high risk for contracting AIDS.

The longer youth remain on the streets, the more difficult treatment becomes. Having grown up in chaotic, unpredictable and violent homes, adolescents easily adapt to street life with its chaos, unpredictability and violence. They seek the familiar. Rather than living in an environment that offers the possibility for emotional growth, youth exist in a world that reinforces the same pathological behaviors from which they ran. Adolescents become trapped, not only in a street lifestyle, but also in patterns of abusive interpersonal relationships that can be changed only by years of sustained intervention and support. Without such assistance, youth are likely to remain on the streets -- the chronic runaways of today become the next generation of chronic homeless street people.

For almost twenty years Bridge has been developing innovative programs to offer both intervention and support to homeless youth. The following is a description of Bridge services:

Medical:

Since 1970, the Bridge Free Medical Van has brought important medical services to youth who might otherwise never find the help they need. Each weeknight, the van makes regularly scheduled stops in areas of Boston and Cambridge where street youth gather. A pool of 17 physicians and 41 nurses volunteer an average of 1 night per month. The use of volunteers constitutes a powerful message to these alienated youth that professionals do care about them and are willing to extend themselves to offer assistance. For many youth, trapped in a street life-style of instability and chaos, the regular appearance of the medical van offers the only positive structure in their lives. It is a front-line service reaching out to the neediest youth. In training medical volunteers, Bridge stresses to them that the manner in which their services are offered may be more important than the service itself. By providing medical care in an environment where youth feel comfortable, Bridge promotes trust, and clients are more likely to return for the other services they may need. Additionally, the van is used one day a week to provide outreach to young single parents living in welfare motels.

The van, a converted mobile home, consists of a waiting area, two examination rooms, a small laboratory facility, and a small pharmacy. (Youth are aware that the van does not carry any medication with a potential for abuse.) The most common medical concerns treated on the van are upper respiratory infections, minor traumas including sprains, cuts, human bites, etc., sexually

transmitted diseases and dermatological problems. Additionally, the waiting area is stocked with an array of alcohol and other drug educational materials as well as HIV educational brochures and resources. In addition to the medical staff, the medical coordinator and a streetworker are available to respond to the psychosocial concerns of the youth.

Approximately 800 youth make 3000 medical visits annually to the van. Two thousand youth drop by for a sandwich, a cup of cocoa or someone to talk to. In combination with the Streetwork program, the van offers a powerful outreach presence to street youth.

The Bridge Free Medical Van was the first of its kind in the country. Bridge estimates that replication of the van would cost approximately $50,000 to purchase and equip a van. Operating costs, principally salaries for a coordinator and a part-time streetworker and medical supplies are about $70,000 yearly. Since Bridge uses volunteer health care providers, their services amount to approximately $30,000 yearly in in-kind donations.

As a back-up to the Medical Van, Bridge offers an in-house Nurse Clinic which provides physicals and testing at the Bridge main facility. This has been particularly helpful in coordinating medical services for Bridge clients who are infected with HIV.

Counseling/Runaway/Streetwork:

Bridge conducts outreach through the Streetwork program. Every weekday afternoon and evening outreach workers go to the areas where

youth congregate on the streets, as well as to shelters utilized by young clients, and develop relationships with them to offer Bridge services and other appropriate referrals. Streetworkers make 13,000 contacts yearly with 2000 youth. When outreach workers find runaways on the streets, they are referred to the runaway counselors who work with the youngsters and their families to determine appropriate treatment plans as well as placement options for youth who should not return home. Runaway counselors provide on-going counseling for the youth and their families. Bridge works with 450 runaways annually. Ten volunteer host homes are utilized to house runaways. Substance abuse counselors provide intake and assessment, advocacy, substance abuse counseling, and in-depth psychological counseling for a variety of issues that trouble street youth, including physical and sexual abuse. The counseling team responds to 1,600 youth annually. These services create a comprehensive intervention effort to promote freedom from substance abuse and the mastery of skills needed to function successfully.

Dental:

The Dental Clinic is a 3-chair fully-equipped facility. It is open 4 evenings per week in the Bridge main facility and offers a wide range of restorative services, with particular emphasis on preventative oral hygiene technique instruction. Over 50 volunteer dentists, hygienists and assistants provide services and educate clients about the procedures they will undergo. The education, combined with an informal low-key atmosphere, helps to allay patients' fears of dentistry. Approximately 475 youth make over 1300 visits annually to the clinic.

Family Life Center:

The Bridge Family Life Center intervenes in the lives of pregnant and parenting young people to assist with all aspects of parenting. The staff provides 175 young parents yearly with individual counseling to address their histories of physical and/or sexual abuse, drug and alcohol abuse, low self-esteem and other emotional issues which impact their parenting and their general social adjustment. Staff also provide education and workshops to teach young adults about the development of their children and the skills they require to meet their children's needs. Parents are encouraged to attend the Bridge Education/Pre-employment Program. The Family Life Center provides child care to 70 young children annually while their parents are involved in Bridge services. Parents are supported each step of the way toward independence: passing the GED, enrolling their children in day care, finding a job, and finding and furnishing an apartment. The Family Life Center seeks to impart to clients a deep awareness of what it is to be a parent, and confidence in the parenting role.

Education and Pre-Employment:

The teachers and volunteers work with each student at his or her own pace toward the goals which s/he has set, which often includes preparation for the GED exam. Bridge has an annual graduation to formally recognize those students who receive their high school equivalency diploma. Many students participate in weekly writing workshops. The job development counselor works with students to

develop job readiness and to locate permanent employment. Through regular contacts with the business and services community, he is aware of the hiring needs of a wide range of employers, and recommends appropriate places for clients to interview. The job development counselor also helps clients to resolve difficulties they have once they are working. The word processing instructor works with clients on a word processing training curriculum, as well as other computer functions. Over 160 youth yearly are enrolled in vocational/educational services at Bridge.

Residential

The Bridge Independent Living Program provides transitional living for street youth 16-21 years old. The house is available to youth who express a desire to leave street life behind and move towards independent living.

All youth at the Independent Living Program must agree to attend school, work a job, be involved in managing the house, take turns cooking and shopping, receive counseling, and participate in group activities. They must abide by house rules which prohibit sex, drugs, alcohol or weapons in the house, dictate curfews, and require that youths avoid Boston's downtown centers for street life. Youths share rooms, decorated to their tastes, and share a common kitchen, dining and livingroom area. A mandatory weekly group meeting for residents serves as a vehicle for conflict resolution, development of communication skills and provides an opportunity for interpersonal feedback and for insight into themselves.

The Independent Living Program offers young people 9 to 12 months of housing in a supervised setting; training in independent living skills; medical screening, evaluation, and treatment; psychological evaluation and treatment which emphasizes issues of sexual abuse, sexuality, prostitution, drug and alcohol abuse, depression and self-esteem; and job development. Residents are encouraged to participate in community volunteer work and to develop personal talents or interests such as music, writing or dance. Youths open savings accounts and pay $50 rent per week. The needs of residents are assessed continually to revise their treatment plans, and to determine the support services they need to move forward in their development.

The program is staffed primarily by a project coordinator who has overall responsibility for case management, coordination of clinical services, and supervision and training of counselors and volunteers, and by seven counselors who are responsible for 24-hour coverage of the house. Counselors supervise the residents' activities, orient new youth to the house, coordinate job development and recreational activities, and provide counseling to residents regarding house-related issues. A licensed psychologist provides consultation. The service portion of this program, which can house 16 youths at a time, costs approximately $300,000 per year.

Much of the success of the program can be attributed to the creation of a strong family atmosphere in which youth are both valued and

challenged to succeed. In many ways staff are "re-parenting" these youth, offering them both the nurturance and the structure of limits that were lacking in their families of origin. Fewer than 20% of the 45 youth annually who reside at the Independent Living Program return to street life.

The Single Parent House offers a similar environment, where individual counseling, participation in the Bridge Family Life Center, working, going to school, housekeeping, participating in weekly group meetings, finding childcare, and becoming involved in community networks are required. Through participation in these activities, each parent is encouraged to develop communication skills, an ability to schedule her time, education, work skills, and her personal potential. Of particular importance are the parenting skills these young mothers develop. Having grown up in abusive families, they are at high risk for perpetuating abusive patterns. By intervening during the first weeks and months of their parenthood with a combination of support, education and on-the-spot training, Bridge offers these young families the opportunities to escape lives of depression, abuse and poverty.

Approximately 30 young mothers and their children use the residence annually. The total program cost is approximately $250,000 yearly.

The Transitional Apartments house youth who have been through the existing Bridge residential programs. These youth are ready to test

the skills they have developed in their previous residential experience. A Bridge residential coordinator visits apartment residents weekly and conducts group counseling to discuss their progress, problems, and to offer support. Youth lease the apartments for one year. They share these apartments in groups of 2 to 4 young people. When youth leave the apartments for homes of their own, most continue with outpatient services at Bridge for aftercare and support.

At anytime, up to 42 clients and 8 young children are in residence at Bridge. Since 1988, three youth with symptomatic HIV have lived in these programs. Bridge has found that they benefit tremendously from living in a home-like atmosphere with peers their own age. The other youth, in turn, benefit from a heightened awareness of the reality of HIV infection. In the future, Bridge expects to see more HIV symptomatic youth looking for alternatives to street life, such as those offered in our transitional living programs.

As Bridge moves into the 1990's our youth are presenting increasingly complex problems that will grow in severity during the coming decade:

A major trend emerging with this decade is an increase in drug abuse and its effect on family and community functioning. We are witnessing an increase in drug abuse among the parents of our youth, particularly the abuse of free-base cocaine and crack. It is becoming common for youth to

report to us that they were introduced to drugs not by their peers or older siblings, but by their parents. The parental drug abuse leads to increased verbal and physical abuse, as well as a pervading neglect of the emotional needs of the child. The effects of parental alcoholism on family dysfunction have been well documented. Bridge is witnessing an acceleration and exacerbation of these effects as cocaine becomes the parental drug of choice. Bridge expects to see more severe psychological disturbance among children emerging into adolescence in the 1990's as a direct result of parental drug abuse.

We are also witnessing psychological stress caused by drug-related violence within the minority community. Bridge is receiving increasing requests for help from parents who want their child removed from their home. These requests stem not from the adolescents' behavior, but from a concern for their safety and their lives. Adolescent males report pressure to belong to a gang for protection while many females exhibit signs of depression and fear caused by the violence they have witnessed and the friends they have lost to violent deaths. Adolescents not involved in gang activities are held hostage by their fear of victimization and violence, becoming increasingly isolated from normal daily activities due to fear of leaving their homes after dark. While these youth are not Bridge's target population because they are not homeless, it is a measure of the distress in their lives that they are reaching out to Bridge for help.

A second and frighteningly serious trend is the reality of AIDS and HIV infection among street youth. During the past 4 years, 28 of our

clients have been diagnosed with symptomatic HIV. Twenty of these youth have histories of both IV drug use and prostitution, 5 have histories of prostitution only, 2 of IV drug use and 1 who was the sexual partner of an IV drug user. We are seeing a rapid increase in HIV infection among our female clients. Five of the 10 clients diagnosed in 1989 were female. Other adolescent service providers have noted the same trend.

These youth are frightened, depressed and actively suicidal. Testing and diagnosis provokes a major crisis in their lives that most cope with by escalating their drug and alcohol abuse. This in turn increases both their depression and their impulsivity, resulting in greater numbers of attempted suicides. Their depression and hopelessness has engendered a fatalism among their peers on the street. Three years ago street youth frequently expressed an omnipotent belief that they would never be infected; today they view AIDS as an inevitability in their lives. Tragically, throughout the 1990's, for many of these youth the "inevitability" will become the reality.

A third trend of concern to Bridge is an increase in male adolescents from Central America. Some of these youth report induction into military service at the age of 12 or 13 and report being severely beaten and abused while in the military. Others report that their families pooled resources to transport the youth out of the country. Still others report that they have no families to return to as a result of the disruption caused by war. All have entered this country illegally, and are terrified of the consequences of being returned to their home countries. That we are seeing

these youth in a city as far north as Boston suggests that this is a nationwide phenomenon. These youth express hopes of finding jobs and apartments. They face the realities of violence, drugs, exploitation and victimization on the streets. Many barriers exist in working with these adolescents including language barriers, cultural differences, their illegal immigration status and their mistrust of service providers. We have found that most Latino social service agencies are reluctant to involve themselves with these youth, hence the responsibility falls on agencies like Bridge.

Finally, a disturbing trend that Bridge has first-hand knowledge of, is the growing number of adolescent single mothers residing in "welfare hotels and motels" with their children. As part of our medical outreach, a Bridge pilot project brings the medical van to a number of these hotels/motels. The young families live in cramped and inappropriate quarters where the major source of stimulation is the television. Isolated from medical and social services, the mothers receive no training in the development of independent living skills. When they do locate traditional housing, their lack of experience in and support for managing basic daily living tasks contributes to many becoming homeless again in 3 to 6 months.

The children often sleep by day and are awake at night watching television. Many jump from school to school and suffer from lack of continuous education. Others simply do not attend school either because the hotel/motel is too far away or because they lack proper immunization records. These youngsters have no sense of "home" or a home life and are

lacking in any male role models. The longer they are homeless the less medical care they receive and the more at risk they become for serious illness.

The hotel/motel rooms have no kitchen facilities. Most families have a hot plate and use the window sill for refrigeration in the colder months. The children are at high risk for serious malnutrition and potentially irreversible brain damage resulting from under nourishment.

As the numbers increase dramatically, Bridge fears that these children will easily become the street youth of the late 1990's and that their problems will go far beyond what Bridge is seeing among street youth today.

For close to 20 years Bridge has been a consistent provider of services to homeless youth. New programs have evolved to meet changing needs and new trends. Bridge has aimed to "be there" for distressed youngsters when they have no where else to turn. As a result, we see a lot and we hear a lot. The complexities of modern living, and the ensuing stresses have taken a toll on the family. Its most vulnerable members - the children - have suffered tremendously. Programs like Bridge help <u>some</u> of these young people literally pull together a life that makes sense. But Bridge is always riding upstream facing trends like those described here. Bridge and programs like us will continue to do what we can, but we need <u>more</u> support from the outside and <u>particularly</u> from the government. We need to feel that we are being heard, and that the problems we see are receiving the attention they deserve. It is my sincere hope that the information provided herein will be used to generate increased support for programs like Bridge, facing front-line problems <u>on</u> the <u>front lines</u>. Thank you for the opportunity to provide this testimony.

Senator DODD. Thank you very much.

Ms. Shore, we welcome you and thank you for being here. We have already referenced, of course, the Sasha Bruce House and its fine work.

We will be happy to receive your testimony.

Ms. SHORE. Thank you. Thank you for the opportunity to testify before you today.

I am Deborah Shore, the Executive Director of Sasha Bruce Youthwork, which is a multiprogrammed organization, working with runaway and homeless youth in Washington, DC

I have been working with these young people since 1971, when I began as a Streetwork counselor. I founded Sasha Bruce Youthwork in 1974 and have been there ever since.

Sasha Bruce now serves close to 1,000 young people each year through eight component programs. We have an outreach counseling program. The Sasha Bruce House is our short-term crisis shelter. We have an independent living program, a program for teenage mothers and their babies, and several programs for alleged delinquent youth.

Our services, as many of the others described here, are remarkably effective, particularly considering our limited budget. Seventy-five percent of the young people we serve become reunited with their families. Another 17 percent go on to a stable living situation. So we are only losing 8 percent of our clients to the streets.

We believe that our success is due to the emphasis we also place on family counseling. We are now seeing 90 percent of the families of the clients we serve and involve all of our staff in regular training in how to work with families.

Since we began our independent living program three years ago, we have aided 88 percent of the homeless young people to become fully self-sufficient. And in our program for teen parents, 79 percent of these teen mothers left our program to live independently with their babies. Also, only 10 percent of the girls that we had in our residence had second children a year after they left the program.

The runaway and homeless youth population is a diverse one. In order to more clearly describe what we are now doing compared to the needs, I found it useful to break down the young people that we serve into four categories. I hope that this will hope in some ways to clarify some of the questions.

The four categories as I see it begin with young people whose family problems can be solved. I think this is the majority of the young people who are coming to the shelters at this point, 60 to 75 percent, I would say. They are in difficult family situations, but with proper support they can be successfully resolved and reunited. The typical problems are communication breakdowns, divorce and remarriage, drug and alcohol abuse. These are young people who are both runaways and young people who are kicked out of their homes. They feel emotionally battered and unwanted. And in fact, 79 percent of our first-time runaways have been physically abused in some way.

The services as they now exist do successfully address the needs of many of these families, especially those who are early in their difficulties, because they encourage the provision of comprehensive,

family-focused services aimed at helping families change. That is the good news.

The bad news is the need is far greater than the service providers' capacity to respond. Preventive outreach services and support of followup aftercare are typically inadequate when limited funds exist to operate a crisis shelter. Also, more training in family work needs to be available to providers.

One effect of the underfunding of the service system is that many shelters have had to sell their beds to the local city or county welfare system to survive. Limiting access in this way is a serious matter with this population of young people as timing is really crucial. They come to us in a crisis, and if a response is not immediate, we often lose them to what can become a very destructive course in their lives. It is much harder to repair families when their problems have deepened over months and years.

The second category of young people are older homeless adolescents who can benefit from independent living services. This is also a population that I believe we know how to help. Although they are less visible than the population of the adult homeless, there is a tremendous need for services for this population. Senator Simon's recent report illuminated what many of the problems are and what services do exist now.

When given a specialized program which includes employment and life skills training and support, many of them are able to become self-sufficient adults.

The population of young people here is between 16 and 21 years old. They are too old for most of the available social services, but not yet ready to be independent. They have not been able to reconcile with family or find other natural resources. Sometimes, their families have died; they have been abandoned; they can't return home to abusers or severe family dysfunction. Certainly the drug problems in this country are severely affecting the number of homeless teenagers that exist. They know how to survive, but not how to make it on their own.

The third category of young people are young people who do not have resolvable family problems, but are not ready for independence. This population is growing, and we have few solutions for them at this point. They are young people who are abandoned or abused or whose families for some reasons are unable to care for them. However, they are not yet old enough or mature enough to begin self-sufficiency.

I remember when I started working with runaway and homeless youth 17 years ago that there was a lot of discussion in the Protective Services Department about how there was a need to develop programs for teenagers, and that discussion is still going on 17 years later. There is still a tremendous difficulty in entering these young people into the existing protective service system, which is the only system that now exists to take in young people and give them a place to grow up.

The fourth group of young people are youth who are engaged in illegal activities on the street. This is a very visible population who are away from home. But our society, I believe, is not in any way definitive about its commitment to help them. Helping these youth

is possible but not easy. They require special, long-term efforts. A crisis intervention model is not sufficient.

A special effort will have to be made to provide services to this population. Successful strategies to help them should incorporate close cooperation between service providers and law enforcement agencies.

The service system as it now exists is primarily crisis-oriented and underfunded to meet the quantity and kinds of needs. Our programs probably better reflect the needs of youth and families 10 to 15 years ago, but the population, though it has always been diverse, has changed dramatically.

The most important changes that I perceive in the last 15 years are that young people and families come with much deeper problems and with longer chronicity. Drug abuse is enormous among the parents; we have many young people whose parents have died young; families become very overwhelmed with their economic circumstance and reject their young people.

We see many, many more young people whose families are in fact homeless as a result of all of the social policies and problems families are facing; and more young people therefore are homeless and are completely on their own to fend for themselves.

Knowing the young people and families and seeing the changes which have occurred over this past 15 years has made me passionate about the importance of expanding and broadening services to homeless and runaway teens. To do this, it is essential to build on our existing success. A comprehensive, coordinated system of services is needed to provide early intervention which supports youth and their families whenever possible, but also provides care and protection and a place to grow up for young people when family supports fail.

Specifically, I recommend increased funding to the existing system to ensure crisis shelter space is available and that the beds are not able to be sold. Outreach is needed as well as aftercare to prevent family disintegration and help stabilize youth and families after the crisis is over. Programs for older homeless adolescents must be expanded and targeted so that youth can finish school, receive job training, and to ensure that teenage mothers can be served with their children—sometimes they have to leave their children somewhere in order to get services. And I believe these programs also need to have the capacity to work with youth for one to two years until self-sufficiency is really possible.

Programs for young homeless adolescents must be developed and coordinated with protective services. Programs for street youth engaged in illegal means to survive must be developed to permit the long-term commitment necessary to allow these youth to move into another identity.

Incentives need to be built in to encourage that the system is well-coordinated, so that we are properly assessing needs and strengthening the family unit whenever possible.

I applaud you all on this subcommittee for your interest in these young people. I hope that you will become tremendous advocates in behalf of the young people and the system that services them.

The young people that I have seen over the past 17 years are searching for adults to help and protect them and are still hopeful

that we are there somewhere. Some of the youth that we see in our program for alleged delinquents have had that hope extinguished, and it is a frightening sight. I hope we can look forward to a more hopeful future.

Thank you.

Senator DODD. Thank you.

[The prepared statement of Ms. Shore follows:]

PREPARED STATEMENT OF DEBORAH SHORE

I appreciate this opportunity. Your thoughtful consideration of my testimony will hopefully help to strengthen our society and serve as an investment in the future. Helping troubled families, runaways and homeless youth today stems the tide of the most troubling social problems of our day including delinquency, chronic homelessness, early parenting, drug abuse and AIDS.

I have been working with runaway and homeless youth since 1971. I began as a Streetworker and founded Sasha Bruce Youthwork in 1974 to provide counseling and drop-in services to youth on the streets. Our organization now serves close to 1000 young people each year through eight programs we operate. We have continued an outreach counseling program, we have a short term shelter for runaway and homeless teens, an independent living program, a program for teenage mothers and their babies and programs for alleged delinquent youth. (A more detailed description follows) SBY takes seriously its commitment to re-unite youth and families and counsels over 90% of the families of youth who come into our services. This orientation has direct results in that 75% of the youth we serve do re-unite with families. Another 17% go on to a stable living situation. So we are only losing 8% to the streets.

Although SBY is limited in its scope and size, we have developed successful ways of working with young people and a program of quality. We are joined by our colleagues around the country who have also come from the same philosophical commitments to youth and do a wonderful job with so little.

Some of the features of the current service system which has led to our success are:

A commitment to open intake
A style of services comfortable to young people
Outreach in order to connect with hard to reach youth
Family focused services when possible
An understanding of the value of youth participation

It is important to note that as a field we have developed from a child saving orientation to a philosophy that strengthening parents is an essential part of helping youth whenever it is possible. This has made a considerable difference in the outcomes for many youth. But of course, the services are only useful when there is a family to work with.

Knowing the youth and families and seeing the changes which have occurred over this past 15 years, has made me passionate about the importance of expanding and broadening services to homeless and runaway teens while building on our successes. SBY has been able to do some of this but many gaps continue to exist. A comprehensive, coordinated system of services is needed to provide early intervention which supports youth in their families whenever possible, but provides care and protection and a place to grow up for young people when family resources do not exist. Any additional services that are

capacity to the existing skeletal system must be well coordinated with on-going efforts. This will insure we are assessing the needs of youth appropriately, and are doing all we can to involve and strengthen the family unit before concluding that alternative living is necessary. There is also a need to determine that we will notes a country allow youth to be homeless and that all young people must be provided a safe, protective place to live.

A continuum of care is what is necessary to build upon existing strength and to broaden the mandate to these youth.

The system of services we now have is essentially crisis oriented. The runaway and homeless youth population however is a diverse group which requires numerous programmatic responses. The problems youth bring have become a great deal more serious in depth and chronicity over time, and there are many more youth who are truly homeless. Just as in the large population of homeless adults, we are now seeing the casualties of the de-institutionalization of PINS effort, which stopped short of developing essential community based programs. Also, the population reflects the increasing poverty circumstances of so many families, family disintegration brought on by divorce, alcoholism, drug abuse and family stress.

In order to look broadly at the needs of the youth and the service system, I have found it useful to break down the population into four groups. I will describe each group, what we are now doing and where the gaps are. These categories are not meant to oversimplify complex problems, but to give a context in which to discuss solutions. The solutions for each are not the same.

A. YOUNG PEOPLE WHOSE FAMILY PROBLEMS CAN BE SOLVED

The majority (60-75%) of young people who runaway or are in crisis, are in difficult family situations which, with the proper support, can be successfully resolved.

To help the majority of runaway teenagers we must help their entire family. We must see them not as problem children, but as members of a family system which has broken down and become dysfunctional. As services providers, we can help family members stop blaming each other for problems in the home and start working together to create a successful family structure.

By the time a young person runs away or a parent throws a young person out of the home, both the child and the parents feel failed. Neither feels the other pays attention or understands. The family is often experiencing typical tension between adolescents and parents, but the family lacks the skills or proper supports to work out its problems. Eventually, either the parents or the child or many times both parties decide that this will be better if the child is no longer in the house.

The overwhelming percentage of children away from home are runaways. They are young people who left home to make things better. Their leaving home is a cry for help and for support for themselves and for their families. They don't run far, typically not more than two miles away from home. But they run far enough that someone will pay attention.

The crisis oriented services which exist do successfully begin to

address the needs of these families, especially those who are early in their difficulties, because they encourage the provision of comprehensive, family focused services. Timing is of great importance in connecting with alienated youth. Early intervention is also critical.

The most successful runaway programs around the country have comprehensive programs which combine all of those components. Our Sasha Bruce House, for example, had a 92% positive placement rate for young people who stayed at the shelter last year. That means we helped 95% of the young people return to a stable living situation. Our staff receive two hours of training each week in structural family therapy and we provide multiple family support groups after young people return home.

That's the good news. The bad news is: the need is far greater than the service providers capacity to respond. Also, preventive outreach services and supportive follow-up aftercare are typically inadequate when limited funds exist to operate a crisis shelter.

One effect of the underfunding of the service system is that many shelters have had to sell their beds to the local city or county welfare system to survive. In some cases this has limited access to and changed the public persona of the shelters making it less desirable to young people. Limiting access is a serious matter with this population of young people as timing is crucial. They come to us in a crisis and if a response is not immediate, we often lose them to what can become a destructive course.

B. OLDER HOMELESS ADOLESCENTS WHO CAN BENEFIT FROM INDEPENDENT LIVING SERVICES

This second population is another that we know how to help. Although they are less visible than the population of adult homeless who sleep on the streets, America has a large population of homeless adolescents who need more than crisis intervention services. Senator Simon's recent report illuminated who they are and what exists now. Given a specialized program which includes employment and life skills training and support, they are able to become self sufficient adults.

This population of young people is between 16 and 19 years of age. They are too old for most available social services, but not yet ready to be independent. They have not been able to reconcile with family or find other natural resources. Their families have died, they have been abandoned, or they cannot return home due to abuse or severe family dysfunction. They know how to survive, but not how to make it on their own.

Sasha Bruce Youthwork has established an Independent Living Program for this population here in Washington, D.C.

The Sasha Bruce Independent Living Program

The Independent Living Program (ILP) is the newest Sasha Bruce Youthwork effort for Washington's homeless youths. Through the ILP, qualified teens (16 or older) locate suitable foster homes, receive employment counseling and help with finding a job, and work toward the goal of becoming financially independent. The ILP also provides counseling, helps the youths find apartments and roommates, and offers

start-up financial assistance when they are ready to strike out on their own.

Once a young person is stabilized in a job and home, the Independent Living Program continues to help, identifying basic skills and training needs. In addition, the program provides aftercare followup to assure that each youth has the support needed to succeed in living independently.

Since the program's beginning in 1986, 88% of the homeless youths who have entered the program have conquered homelessness. Over two-thirds have successfully established complete independence.

Programs to help youth become self-sufficient are minimal. Some special problems have emerged for youth in these programs which do exist. Most of our ILP youth wish to finish high school but must work to support themselves which is sometimes conflictual. Any youth with motivation to complete high school needs to be supported to do so. Also, teenage mothers are a group in great need and require specialized services. Homeless teens who are also parents are often encouraged to give up parenting because of the lack of programs that will take them. These disrupted families will continue to need services.

C. YOUNG PEOPLE WHO DO NOT HAVE RESOLVABLE FAMILY PROBLEMS AND ARE NOT READY FOR INDEPENDENCE

This population is growing and we have few solutions for them. They are young people who were abandoned or abused or whose families, for some other reason, are unable to care for them. However, they are not yet old enough or mature enough to begin self-sufficiency.

This year 15% of the young people who came to the Sasha Bruce House were in this group. These youths need long term planning and support. The Runaway and Homeless Youth Act should challenge the states and the District of Columbia to provide for these young people. Documentation of need could certainly be established by gathering information from Basic Center grantees. We need more information about what is happening to these young people and new positive strategies to serve them.

D. YOUTHS WHO ARE LIVING ON THE STREETS

This is the most visible population of young people out of the home, yet our society is not definitive about its commitment to help them. Helping these youths is possible, but not easy. They require special long term efforts -- a crisis intervention model is not sufficient.

A special effort should mandate services to this population. Successful strategies to help young people off the street should incorporate close cooperation between service providers and law enforcement agents. Simply contacting these youths is not sufficient. They need to develop relationships with service providers who can offer support when they experience a crisis and decide to leave the streets. Law enforcement agents and service providers should become allies to ensure that such services are made available.

RECOMENDATIONS

There is a skeletal system of services which is very effective for some of the runaway and homeless youth. And we know that many of the older homeless adolescents will become involved with independent living programs and successfully transition to full independence. However, we are terribly limited by the lack of resources to respond to the numbers of youth on the streets and we must add new components for the types of youth now unserved.

I specifically recommend a serious effort be made to invest in a coordinated system which assures all efforts are made to strengthen families and re-unite youth whenever possible and has capacity to provide alternative living alternatives for youth who cannot go home. This requires:

Funding the existing system to insure crisis shelter space is available and that outreach and preventative counseling is available and known to youth and families. Efforts should be made to insure that there is open intake in shelters and that shelters are not forced to sell beds to survive.

Outreach and aftercare are needed to prevent family disintegration and help stabilize youth and families after a crisis

Programs for older homeless adolescents must be expanded and targeted so that youth can finish school and teenage mothers served. These programs need to have the capacity to work with youth for 1 - 2 years until self-sufficiency is possible.

Programs for younger homeless adolescents must be developed and coordinated with Protective Services.

Programs for street youth engaged in illegal means to survive must be developed to permit the long term commitment necessary to allow these youth to move into another identity.

I applaud the Senators on this sub-committee for your interest in these young people. For those of us who sometimes feels we are serving the function of the child who keeps their finger in the dike, I hope this hearing serves to urge your involvement as advocates. The young people I have been serving for 17 years are searching for adults to help them and are still hopeful we are there somewhere. Some of the youth we see in our programs for alleged delinquents have had that hope extinguished and it is a frightening sight. I hope we can look forward to a more hopeful future.

Thank you.

Sasha Bruce Youthwork, Inc.

Sasha Bruce Youthwork, Inc. (SBY) is a private, non-profit organization that serves over 1,000 youths in crisis and their families each year.

Agency History

Sasha Bruce Youthwork, Inc. began as a streetwork counseling agency (Zocalo Outreach) in 1974 to help the large number of runaway youths on the streets find the services available to them. Zocalo continues to seek out and work with young people in their natural settings (at school, home or community). It provides crisis intervention and runaway prevention and links youths and families who would not otherwise self-refer with a helping network of services.

We opened Sasha Bruce House in 1977 as a temporary home for runaway and homeless teens. The house is open 24 hours a day and provides shelter for 350 youths each year. Our work with young people and their families helps most youths return home. In 95% of all cases, we help youths return to a stable living situation which means they do not continue to run or become institutionalized.

In April 1979, we began Community Advocates for Youth (CAY) to allow juveniles awaiting court proceedings to remain in the community under careful supervision rather than be incarcerated. In June of the same year our Consortium for Youth Alternatives (CYA) was formed to provide an alternative to court processing for alleged offenders. It is jointly administered by four youth agencies. These programs for court referred youths have an average of a 10% re-arrest rate for youth which compares to a rate of 65% to 70% for youths who go through normal court processing.

The Rosa Parks Shelter Home, for youth deemed to be beyond parental control, began in June of 1981. It now serves eight (8-14 year old) boys in a short-term residence which improves damaged family relationships, assists youths in their schooling and develops better interpersonal skills.

In November 1983, the Sasha Bruce House moved to its present location at 1022 Maryland Avenue, N.E., and the following year, the former building became the home of our new Teen Mothers Program, a residential program for neglected and abused teenagers and their babies. The first of its kind in the District, this long-term residence improves parenting skills and develops life management skills that enable independence.

In 1986, Sasha Bruce Youthwork, Inc. officially began an Independent Living Program to help older homeless adolescents make the transition to self-sufficiency. We teach the young people life and employment skills and support them as they move out on their own.

Each of the programs started by Sasha Bruce has survived and grown and enjoys an excellent reputation for its services and management. In 1990, we will again help between 800 and 1000 youths and their families. These clients will receive individual, family and group counseling as well as education and legal assistance, recreation, job placement and advocacy.

Runaways in Washington, D.C.

SBY served over 500 youth last year in our runaway and homeless youth programs. Of the youth we served in the Sasha Bruce House residence, 92% were positively placed into stable living situations and family counseling services are provided to almost 90% of all families. But our efforts stand out as a lonely example of quality alternatives for families in need and outreach is all too often limited to the youth or families who happen to hear of our agency. In fact, we know that there are many thousands of District and out-of-state youths who have runaway from home but for whom no intervention services are made available.

Profile of a Typical Client

SBY serves Washington area youths in crisis (ages 8 to 19) and their families. Most of these young people are members of single-parent families and are experiencing problems such as lack of family structure, poverty, overcrowded homes, or family involvement with drug or alcohol abuse. Typically, SBY clients are having problems at home, in school, and in the community. Many of them suffer from low self-esteem, and have become street-wise and distrustful rather than successful and happy in their relationships with others.

Senator DODD. Mr. Behrens?

Reverend BEHRENS. Thank you for the opportunity to be here today.

Several years ago there was a headline, a splashy story on the front pages of the Chicago Tribune that talked about a homeless kid who had been brutally murdered, chopped up and distributed around some of the alleys on the North Side of Chicago, where I work. If you read the article further, you could see that the police officer involved in the case said it is a sad thing that the only people who are out looking for these homeless and runaway kids are pimps and pedophiles; a sad State, indeed.

The Night Ministry, which I am involved with, has traditionally been an outreach organization that has focused over the last several years on homeless youth. I want to talk about outreach as being one of the crucial and important services that needs to be developed in a whole continuum of services that are needed for homeless and runaway youth.

My comments are informed by 14 years of street outreach, 10 of which were on the streets. My comments are also supported by a study that is going to be published in April or May, a qualitative study of an OSAP-funded project done in our community that was led through the Illinois Department of Alcohol and Substance Abuse. And most importantly, my comments are also informed, I think, by the fact that I am a parent and a step-parent, and my experiences parenting, I think, are very important and I find relate very similarly to the experiences that the kids we meet from the street.

Often my staff will say about a kid in shelter, one of our foster homes, talk about a certain problem and how it has caused conflict in the home, and I will point out that that is no different than my kids at home. We need sometimes to just understand that these are kids going through adolescence, which in and of itself is difficult, and in itself is difficult for the families raising the kids.

To do outreach on the street, we must first understand the kids, where they come from, and what they bring with them. They are not bad kids; we need to understand that and accept that. They are kids whose family and community lives have failed them. They are angry, hurt, disturbed, afraid and alone, and they distrust. Adults they meet have failed them. The relationships they have been involved in have failed, the most important one being that of the family itself. When they hit the street, almost everyone they meet is looking to further abuse and exploit them; thus they distrust all the more.

We must also understand the importance of what goes on developmentally during the adolescent years. This is as time in everyone's lives that we experiment with in terms of who we are and who we are going to become. The values and experiences of all that has gone on before are integrated with our hopes and dreams of who we want to become. The healthy family and the healthy nurturing unit supports these crucial years. The healthy family helps catch, helps mediate this time in each of our lives. Without that, we are subject to greater risks, the decisions have greater consequences, even fatal ones. And that is the case of the kids who are

on the streets; their decisions are not ones that are going to be made up for by someone who is going to catch us.

To do outreach, we must understand these youth and look to relate to them with empathy, and we must center on them as individuals who each are unique. Good outreach in my opinion and from my experience consists of three basic things. First of all, we must be present in that community where they are at. We must go out and find where they are; if we can't find them, we must keep searching, and we must, when we find it, stop and hang out there. We cannot go and grab these kids and say, "Boy, have I got good services for you," but rather, we must be there with them, developing trust and earning that kind of trust. We must be consistent when we go out. We cannot hope to go out and meet them in the first few hours or days or weeks, months, and sometimes longer.

One of my workers went out and met a young woman who, for three months, would not make eye contact with him; after three months, she did make eye contact. It took another three months before she would even respond to a "Hello. How are you?" Two years later she came to him and said, "Boy, am I glad to see you. You are the only one I can trust out here," and asked for help how to get out of prostitution, how to get over drug addiction. We must be consistent. We must have a consistency of staff people, which is difficult at the level of funding that we have.

Our organization is largely privately-funded, and we are able to hire only graduate students, people who have masters degrees, and people who are making a commitment, a life commitment, to this, and we are able to offer a little bit more in salary than your typical homeless youth agency. It is important, we feel, that in order to reach these kids on the street, we have to have that consistency and that quality of individuals.

I myself spent 10 years on the street, and the two staff I now have who are working with homeless youth on the street have each spent and 4½ years.

We must develop that trust. If we are not present there—and "present" means spending time; our workers spend at least 4 nights a week, at least 6 hours a night each, in one or two neighborhoods, just hanging out.

Second, we must be visible when we are on that street. That visibility may occur because we have developed relationships, it may occur because of wearing of jackets. In our case, it occurs because we stand out like the biggest oddballs that you can ever find. Our workers all wear clerical collars whether they are ministers or laypeople or whatever. And I assure you if you walk into a bar at midnight or onto a hustling corner, you are noticed.

Just as a sidelight, we do not, however, evangelize; we merely use the collar as a point of identification, and it is quick. We also have become known because we do hand out condoms as the "condom revs" and sometimes the conversation really is nonexistent—when people on the street are looking for condoms for safer sex practices, they will just tap themselves on the chest and say nothing, because our workers keep them in their pockets, and they know that is what they want. We have just recently hired a nun to do outreach with these youth, and it is going to be an interesting

thing to see how she handles that—although I assure you she is going to handle it very well.

But we must be visible; we must be identifiable to the kids on the street. We cannot be anonymous. That is why, again, the consistency of workers is so important. Once kids find out who we are, they will come back. When they find out that we can be trusted, are not going to play tricks on them, they will come back. And it is not until they come back and say they want help that we can help them. We cannot grab them and drag them into our agencies.

Third, what is important is that we must be available. When we are on the streets, present there and visible, when they come forward and say, "I need help," it is not time to say, "Fine. Come into our offices tomorrow morning or afternoon." We must be able to respond right then and there.

We must be able to respond to the crisis situation or even just to the helpful, friendly situation. One of my workers meeting a 14 year-old girl a number of times on the street related one night how she searched him out, and instead of asking for help or asking questions, she said, "Can I just tag along?" And she spent two to three hours with him, going from pinball parlor to the street, playing games. And he said there was an amazing transformation that took place—she was a kid for a couple hours. We need to be available in that time of crisis; immediacy is so important.

In doing outreach, we cannot be judgmental; we cannot say they are doing anything wrong. They know if they are or not. We cannot reach them and work with them and develop that relationship if we judgmental. We must not try to take control away from them. The one thing they have left besides their youth is the fact that they are controlling their situation. They can decide to stay up, they can decide to drink, do drugs, have sex, and they can decide not to. We cannot decide that for them. So we cannot try to take it away. We must respect their need.

Again, we must be kid-centered; we must be an advocate for them, and we become in outreach, when we are on the street with them, an entry point to the services. In so many ways, outreach workers become the surrogate parents or the older brother or older sister for these kids, mediating with them in potentially difficult situations, whether it is with peers, authorities or the abusers. They live in a situation of boredom at night, or sometimes in a situation of crisis. We need to be there as surrogate parents.

I see you are anxious, Senator.

Senator COATS [presiding]. Mr. Behrens, I hate to interrupt you. As you heard those bells, we have a vote on the floor.

Senator KASSEBAUM. We just have a couple more minutes to get over to the Senate floor before the vote is completed.

Senator COATS. I think we need to just suspend temporarily. Senator Dodd is on his way back, and if you could just hold the completion of your statement until he comes back, and then we'll take questions.

Senator KASSEBAUM. Let me just say, I have been the Republican managing the education bill on the floor, and I'm not sure that I will get back because we are just winding that up. I am very disappointed not to be able to ask some questions, particularly of course

of Mr. Small, but I think all of you have offered some very interesting comments. I for one greatly appreciate the work that you do.

We have a van operation in Wichita, Kansas, and I have ridden the van there one evening. It is just starting, and of course, it takes a while to establish an identity as you mentioned, so I am very conscious of how important that is.

But we will just recess for a few moments until Senator Dodd gets back.

Thank you very much.

[Short recess.]

Senator DODD. [presiding]. The subcommittee will come to order.

I will ask our witnesses if they would be kind enough to return to the witness table. Have we completed the statements? Has everyone said what they wanted to say?

Reverend BEHRENS. Senator, I had one comment I wanted to make.

Senator DODD. Yes, please.

Reverend BEHRENS. Basically, that is that today what we have been talking about is addressing the crisis needs—and I don't mean crisis needs in terms of just emergency shelter, but addressing the situation of homelessness as it exists now.

I believe that we need to also address some of the systemic problems, and we need to look at those in terms of developing goals that are on a 5-, 10- and even a 20-year basis. I think there are societal values that are causing homelessness, and they are going to continue to cause an increase in homelessness, and that until we address some of those we are going to be not only in bad shape, we are going to be in worse shape.

I would be glad when you have that hearing to come and talk to you about it then.

Senator DODD. Fine. We appreciate your willingness to do that as well.

[The prepared statement of Reverend Behrens follows:]

PREPARED STATEMENT OF REVEREND BEHRENS

My comments today are informed by my experiences in youth service, but also, and equally important, by my experiences as a parent. My ability to empathize with the youth caught up in homelessness, which grows from time spent at night on the streets, contributes to a deep empathic response to youth in the crisis of homelessness. Ultimately I believe my personal and human experiences inform me more than my professional experience. Anyone raising teens, even in the best of circumstances, knows it is a tough time in both the teen and parents life.

I am the executive director of the Northside Ecumenical Night Ministry. I have been with the Night Ministry from its founding 14 years ago, and was its only staff person until we began to expand in 1985. Currently we have 12 staff positions and 4 major programs, 3 of which provide services to homeless youth.

In the State of Illinois, the Governor's 1985 Task Force on Homeless Youth, on which I served, estimated that there are over 21,000 youth up to age 21 who are homeless and over 11,000 of these youth are minors aged 17 or younger. These are youth who are no longer living at home or in a supervised environment, and who live in unhealthy and even dangerous circumstances.

These youth who are without a home are neither juvenile deliquents nor gang members. While they may fall into these groups after becoming homeless, they are homeless because of the breakdown of the family. These youth are not leaving home or being kicked out of their homes (some are even abandoned by their families) for insignificant reasons. The reasons are serious - not merely an argument or disagreement that got out of hand; not for one time occurances.

The reasons are severe and generally on-going in nature. Their family has either disappeared as a functioning unit or become dysfunctional due to stresses that are not coped with. Such stresses may be due to the inability to manage or cope with divorce, drugs or substance abuse, death of a significant member of the family, or damage due to sexual or physical abuse. We refer to these as the four deadly D's.

Life on the streets for these youth is extremely dangerous

to both their physical and emotional well being. The dangers have often been spoken about: turning to prostitution, becoming involved in drug and alcohol abuse, being recruited into pornography, increased despair and suicide, and increasing emotional instability that leads to a permanent inability to develop a life of healthy independence. These youth become homeless adults or part of our mental health or corrections systems supported by the public.

To understand the crucial and unique problem of youth becoming homeless we need to look at human developmental stages. Child psychologist Erik Erikson points out that the primary task of the teenage years is to construct a sense of personal identity. By being forced out of the security of a home, youth are forced to grow up quickly. "Today's society leaves the teen more vulnerable and less competent to meet the challenges that are inevitable in life." (Elkind, All Grown Up and No Place to Go, p. 5) Without a secure home life, and without the opportunity to construct a secure personal identity, the youth are unfinished and unable to grow. The teen years are crucial to the development of individuals. The turbulence of typical teens years is balanced by the support processes of the family. When the family is not healthy or not there at all, then this important developmental stage is likely lost.

The results of youth homelessness are at least threefold: 1.) the contributions these youth might make are lost, 2.) they become a burden on society, and 3.) they are lost to themselves to pursue a meaningful life, and they in fact often die far too early and tragically.

How do we respond? We can respond in many ways that are helpful, but we need to understand the limits of our responses in solving the problem of youth homelessness. We can seek to achieve long term results or short term results. We can respond to crisis or to deeply ingrained issues. Both are needed and of value. It seems that our response today, however, is to the crisis of youth homelessness, and not to the societal problems of which youth homelessness is only an indicator. It is my personal opinion, though, that if we are serious about solving youth homelessness problems, we must make long term efforts that address its causes.

We did not arrive in this fine mess quickly and we will not get out of it any quicker. Adequately addressing the needs of the homeless will require thoughtful and honest evaluation of the circumstances that have created homelessness, and skilled and compassionate responses. If we intend to be serious about the well being of all our citizens we must view the long term consequnces and solutions.

The best response to homeless youth is to prevent them from becoming homeless. Once a youth leaves home it is only a matter of weeks or even days before they become submerged and addicted to street life. To prevent homelessness we must find ways to

provide services to families at risk at the earliest possible opportunity. We must support family and and the health of family.

The Night Ministry began as an outreach service to people on the streets of our community at night. Our purpose was, and remains, to provide a visible helping presence to people in need through conversation, counseling, referral and information, and crisis intervention services to whomever we meet. This includes dealing with substance abuse issues, emotional and suicide issues, and homelessness.

Very quickly we realized that there were a large number of homeless youth on our streets and essentially no services for them. We felt capable of responding to these kids through our outreach program and expanded by adding staff that focused their outreach work totally on homeless youth. Working on the street with the kids we quickly learned that the most important service missing was emergency shelter. There was no shelter for youth that could be easily accessed.

In an attempt to address this issue of shelter, and to tap the resources of the surrounding churches, we founded the Exodus Homes Project. Exodus Homes is a unique foster care project which recruits churches rather than families or individuals. Rather than asking an individual family to take on the responsibility of caring for these youth, the project asks for a network of people to work together to provide adequate support for both the foster family and the for the youth.

There are several benefits to this model of foster care. First, while we recognize that none of these youth will be "fixed" by a hug, a cup of soup, and a bed, most of them need this basic human emotional response in order to begin to heal at all. They are in need of many services, but in order to begin they need to be somewhere safe. Once the youth is safe, then the hard work of making decisions about the future can begin.

Another benefit of this is that by placing a youth with a family, she may see a model of living that may be unknown to her. In whatever time a youth is placed in one of our foster homes -- if that is a week, or a month, or even six or seven months -- it is a time to work on issues,and to view healthy lifestyles and healthy decision making processes. The period of time with us is also a time to try and achieve some successes no matter how small. With success comes self-esteem. Self-esteem is the foundation which helps a youth stand firm when approached by (or attacked by) prostitution, pornography, and substance abuse.

We believe that all of those involved in work with this population must continue to develop innovative models of care which provide both the basic needs of youth and provides them with visions of a different kind of life.

To provide services for youth who are close to homelessness

or are already homeless, we must develop a comprehensive continuum of services. This continuum will provide a variety of programs through which youth can access appropriate services. Presently we have, at best, a piecemeal effort that itself lacks resources, both financial commitments from private and public sources and professional staff trained to work with this special population.

The continuum of services for youth must include a wide variety of services, ranging from such things as transitional shelters and housing opportunities to youth who are unable to return home to street outreach work which goes to where the youth are. In the development of these programs, a critical component of care is commitment and consistancy.

Transitional shelters are an essential component of the continuum of care. This housing option is necessary for youth who are unable to return home because the family dysfunction is too severe. Transitional care allows a youth to move from emergency and crisis to developing a plan for independence and begin to acheive some part of that plan. An essential service in transitional housing, as in emergency housing, is attention to self esteem, and the building of self confidence. The shelters must be able to offer the support necessary when a youth struggles and does have failures in achieving independence.

My experience as a parent informs me about developing and managing programs for homeless youth. So many of the problems that we see and experience with youth are not much different from those I have experienced with my teenaged children. The difference is that I have to tolerate my kids and their struggles to grow up. Youth from functional families who often fail in endeavors of growing up also have the family to support and nurture them until they can get it together to try again. To honestly address the continuing needs of youth, our programs must have this sort of ongoing commitment.

The movement from crisis to independence is not easy for youth. For a youth to become stable after losing his home, or to become comfortable in "straight" society after some time on the street can be a lengthy process. In our foster care program, we have discovered that it often takes as long as six weeks for a youth to move out of crisis and into a more stable, directed life. Even then, the youth needs time and support to get established and to feel secure in their choices. Emergency housing does not get met in just 14 or 15 days.

The hallmark of the Night Ministry is outreach. From our beginning in 1976 our mission has been to be present on the streets of our community at night in order to help people in need. We have become very good at this and can address the value of outreach as experts.

Good outreach consists of three important factors. First, we must be present in the community that we want to serve. While

this may seem obvious, many who do outreach do not do this. Being present means physically being in the community to be served. This means spending time there. In our outreach to homeless youth, we only assign fulltime workers so they can spend as many hours each week as possible being present. Our workers are out on their streets four nights per week for six hours per night.

Second, we must be visible. In order to be effective on the street, the outreach worker must be somehow identifiable from the general population. Some wear special jackets, others develop special relationships. Our outreach workers wear a clerical collar for identification purposes only. We are not involved in evangelizing. We work to develop personal relationships with people who work in the nighttime communities we hang out in. While we serve them, the regulars also serve to refer others to us for services.

Lastly, we must be available. When youth or others approach with questions or for assistance, we try to respond immediately by being attentive to the person approaching. If we are busy in a conversation with another person, we will meet with the person as soon as possible. If the situation is an emergency, we triage the various needs.

In being present consistently and often, visible, and available we are able to build positive relationships with people on the street. We establish enduring and knowing relationships with the regulars of a nighttime community who in turn introduce us to the transient population that is in need of help.

Becoming trusted is a crucial ingredient to being a helping person to street people. The youth we meet are especially distrusting. This distrust grows from a history of failed relationships, abuse, and exploitation. Even their family life has ended in failure. Thus, if we are to have any chance of having an impact in a positive way the lives of these youth, we must establish trust by earning it. It will not be given automatically.

One ingredient for building trust is the manner in which we treat those we meet. We treat them respectfully at all times, and allow them to maintain their own integrity. This includes realizing that the youth now are in control of their lives, for better or worse.

We must recognize that given that they are homeless, they do not have many worldly possessions to call their own, but what they do have--something we must understand and respect--is control over their lives. They can decide to stay up late, abuse substances, go and come as they want. They have control, and if we are serious about helping them we cannot simply tell them what we are going to do for and to them. Rather, we must help them to make good decisions for themselves.

Another ingredient of developing trust is not being judgemental of their decisions. We must not make value assessments that judge the kids as good or bad kids. We can, and should, address healthy and unhealthy actions, but we must not make moral judgments unless asked. Our goal is to maintain the relationship in order to be able to continue to encourage healthy actions and decisions. For example, we may meet a youth involved in prostitution. While not availing himself of our services when we initially meet, our goal is to remain present, visible and available for that time when he does want help. This may be a week, a few months, or even years.

These youth have experienced far too many failures and betrayed relationships. If we are to establish positive trusting relationships, we must begin to have interactions that are successful, and are honest. We cannot lie, put off, or provide incomplete information for our own convenience. Even when we know that conflict may result, we must give honest and full information. While this is often difficult in the short term, over the long haul of building relationships and helping youth, we must be totally honest.

The task of outreach is to catch homeless youth as soon as possible. Outreach can be through presence in their gathering places, or in providing basic services such as shelter, food, and medical attention.

At these points of contact, we must be sensitive to them and understand some of the nature of their sad journey and not condemn them, as state before, as bad kids. Regardless of where they are, what they do or say, and how they may support themselves, we cannot help them if we regard them as bad kids who should just go home. They may have made bad decisions, but they are not bad kids.

It is crucial to regain some of their trust, and show them that they are of value--that they are important and that some people care about them. After we have regained their confidence, we can then begin to address more basic questions of any emotional and physical damage they have incurred in their life, and to plan what will be done in the future: return home to work out problems, or begin to move to independence, or any other option.

In all of the work that is done to address this unique population of homeless people, what we have discovered as the central task is that of building healthy relationships. The continuum of services will be meaningless unless it incorporates this essential element. The work with these youth is not simply meeting the basic needs of shelter and food, nor is it filling time with activity. Rather the real work comes from honestly relating to these youth, providing them with models for relationships which are not abusive or judgemental, and giving them a vision of a life different from that which they have known. Establishing a good working system to manage these youth

until independence is not enough. They remain damaged, even if managed well.

What we as a country stand to lose is potential. Those of us who work with these battered and abused youth daily see young men and women without hope and without a vision of a future in which they make worthy contributions to their community and to themselves. It is a hard picture to see.

What we need is resources to address these critical problems among homeless youth. We need the financial ability to create the services that are necessary to respond to their life situation. We need caregivers who are well trained and competent and committed to staying in relationship with the youth as the move toward adulthood. In recent years, appropriately trained staff have become increasingly hard to come by. We have been trying to hire a clinically trained Masters of Social Work person for three months and have not yet found one. Many other agencies I know have experienced the same discouragement in finding qualified personal. We need to find ways to attract these people.

In conclusion, we have far too many youth who are homeless. This is not only a tragedy for the suffering they must experience, but is also a tragedy for what it indicates of the state of the American family. Far too many families are falling apart.

To help those youth who have become homeless, we must first go out into our communities and reestablish contact with them, indicating that they are of value. Building positive and trusting relationships is essential. In doing this we become excellent conduits to more substantial help. First as early counselors, and then helping get established with longer term care.

As we help these youth, drop in centers and emergency overnight shelters also serve as outreach vehicles to make initial contact for street kids. In establishing trust we can stabilize the youth to the point to move from crisis services to transitional services, and ultimately to long term services and independence.

To address the societal issues, we must address the issues of providing support to families, particularly those that don't have the skills to cope with stress. Important also is helping our families, and our communities, to raise children with self-esteem. Self esteem is basic to healthy decision making. There is a Proverb in the Old Testament of the Bible that says, "Raise up a child in the way he should go, and when he is older he will not depart from it." If we raise are children with hate, when they are older they will only know hate as a way of relating to the world. If we raise our children with positive values, these values will sustain them when they are older. This will be a better community for all of us.

Senator DODD. Again I want to thank all of you for being here today. I have some questions for all of you.

Some of these are data questions, and I realize that you don't have specific numbers given the fluidity of this population we are talking about, but some general notions here would be helpful.

I am curious first of all about how young people come to these programs—the percentage that just walk in, the percentage that are referred. How does it happen? Is there sort of a common experience and common data on this? Of course, vans stopping in areas, I'm not talking about that so much as I am more getting into the more permanent programs, if you will.

Does anyone want to start with that—Mr. Small?

Mr. SMALL. In Kansas City, our program—you hear sometimes about the unfortunate things that happen between law enforcement and the shelter—we do have a real positive program with our law enforcement organization. They will transport young people to our shelter and work with us. We also have posters and brochures which we put up. Unfortunately, we do not have a particular specific person to do outreach per se. But we do put up posters, put brochures out where young people tend to be at or where we think they will be at and they will, by virtue of looking at the poster or picking up a brochure, find our location, or at least call us, and we will give them directions or help them to get to our particular shelter.

We also have a very extensive school program where we go out to the schools at the beginning of the year, and talk to the educators there as well as work to hold school assemblies. We let young people know about the dangers of running away, and that if things should happen in their homes to cause them to contemplate running away, to give us a call.

Senator DODD. OK. Just quickly, other comments?

Ms. Shore?

Ms. SHORE. I don't have percentages of how young people come. The vast majority of young people come to us, though, by what we call self-referral, which means that they come in on their own. Even though they may hear about it from a school counselor or from another agency, they come on their own. Then some percentage are dropped off by the police; some percentage come through the court system. Kids get picked up; the court system doesn't want to hold onto them, they really don't have any reason to, and they ask us to intervene and become involved with them. Those would include Protective Services case as well, coming through the system.

I would just say, though, that whatever those percentages are, what is true is that we don't have the capacity to do the outreach—the capacity or the will, I guess—to do all of the kind of outreach that we would want to do. Lots of young people don't know about Sasha Bruce, even in a small place like Washington. But of course, if all the young people who needed our services did know about us, we would feel as if we would be overwhelmed by their needs.

Senator DODD. Thank you.

Ms. Price?

Ms. PRICE. We find again that word-of-mouth—when we ask kids "How did you find us?" over half of our clients say either that they

have always just known about us, or they have been referred by a friend. About 25 percent of our kids come from the Streetwork program; about 15 percent are referred by other agencies. I would say less than one percent of our kids are coming through court referrals, and we have really tried to separate out kids who are coming involuntarily for services from kids who are coming voluntarily, and that particularly when you are dealing with street kids, they have such severe multiple needs, and they need such intense intervention that you can't have an involuntary kid in the same program who doesn't want to be there because they are so peer-oriented, that we really have discouraged any kind of referrals coming in from the courts.

Occasionally a probation officer who knows us well and has a youth who fits our profile and wants the services will refer that kid there.

Senator DODD. That's a very good point.

Reverend BEHRENS. I would just like to add besides the traditional referrals, we find that kids we work with on the street who are chronically homeless street kids, we do not easily get into referrals—not because the referrals aren't there, but because they are distrusting. So it takes a much longer period of time before they will even avail themselves of some basic services.

Senator DODD. Very good.

Again, the primary goal of the Younger Americans Act is to try and end up with some sort of a delivery system here that makes order out of this mosaic of a variety of good programs that are kicking around, the idea of sort of a seamless garment, so that when you are dealing with—and I am talking now beyond runaways and so forth—but crack babies and parents and substance abusers and job training and all sorts of things that need to be dealt with, there are a tremendous amount of services available in many places, with varying degrees of success and merit. But nonetheless as we see more and more interest in this, we are finding more and more ideas coming up as a way of trying to provide resources for people. Yet the problem, it seems to me, that people face is not unlike what people are facing in the financial services. People no longer have the time or can figure out where the insurance agent is, the mortgage on the home, the commercial bank, the real estate agent—so people more and more want one-stop shopping, and they want to be able to go to one place to deal with their financial services. I use that as an analogy, in a sense. Here, in a way, when you are talking about these children, we have all of these resources kicking around out there, or many of them, and many more ideas coming forward, and how do we coordinate it in such a way that it becomes possible for these children to maximize what is available or should be available to them.

That is very much what is behind my thinking on the Younger Americans Act, to try to coordinate and bring together these resources and make them available so that you don't have to lurch, or run around, looking for various agencies when you life may be affected by any number of various problems that you would have to visit 20 different places in order to get full-service, if you will, treatment.

With that in mind, I'd like to get some sense from you as to the ability for intercoordination, such as job training, for instance, the Job Corps, other programs. How do they work with you? How much contact do you have with these people? What is their reaction to you? How much offer of help do you get from them? Is there an effort to coordinate some of these things? How are you received, in a sense, I mean, in general terms, by the social service delivery systems? What are you allowed to do, not allowed to do, for instance—food stamps, Medicaid? All of these questions come up, and yet here you are as the repository for a significant number of young people, and yet I get the impression from talking to some that there is a real wall that exists between the population you are serving and the services out there that should be available to them.

I'd like you to generally comment on that observation if you could, again in any order that you feel comfortable.

Ms. Price?

Ms. PRICE. We talk frequently about our street kids as being the kids who fall through the cracks of the service delivery system. I think you have to realize—and I agree with you 100 percent that it is important that we network with other programs.

Bridge makes referrals to over 375 other agencies yearly, and there are too many services—we don't provide detox, we don't provide sufficient job training, we are not Medicaid, and so on.

What we find is that it is very important—we have to do a lot of work just to educate the service providers in other agencies about what it means to respond to homeless kids. It means that if you give a kid an appointment for Tuesday at 11:00, it means he might show up Tuesday and he might show up Wednesday, and he is probably going to bring three friend with him.

For somebody who is running a very structured system, it is impossible to fit these kids into it. We have a lot of difficulty getting our kids onto Medicaid even though in Massachusetts they are eligible by virtue of being homeless. They are not going to keep the medical appointments that are necessary. They are not going to keep the appointments within the system. So they end up just disappearing out of the system.

One issue that we have a tremendous problem with in Massachusetts is the adult shelters. The kids who are 18 and older can stay indefinitely in these shelters, and we have seen kids who have moved in, and they are living there for two or three years at a time. And there is a lot of friction between the shelter staffs and ourselves, where we are really challenging why is somebody 18 or 19 living with a population of older, homeless alcoholic men. The kids are getting high all day, and they are going to the shelters at night.

I think inevitably there are going to be those kids of friction points. I think you have to network with these kids, but oftentimes a lot of programs are looking for kids that they are going to be successful with, and these are not necessarily the kids where success is going to be easy.

We have really designed our program to allow kids to leave the program and come back and leave and come back. They may be in counseling daily; they may come in daily for two months, and then they disappear for three months, and then they are back again.

A lot of social service programs are not set up that way. So that you need to have programs that are willing to adjust their structures to meet the needs of these kids.

Senator DODD. Let me just quickly ask you—you heard me talk about the New York Childrens Project with the van—do you use computers? Do you try and keep that data in a central location so that kids who do move around on you, you can pick up on?

Ms. PRICE. This is the first year. On January 1st this year, we began to computerize the medical data, and I am really not familiar enough with it to know what they are tracking.

Senator DODD. I just think it makes the whole thing worthwhile. It really is incredible what that does, then, in terms of making the delivery of those services worthwhile.

Thank you for that comment.

Does anybody else want to comment on this?

Reverend BEHRENS. Yes, I have two comments. One, besides being executive director of an agency, I also chair the Youth Committee of the Coalition for the Homeless in Chicago, and we have struggled with this whole issue of the barriers to various services—State services, private services, and whatnot—and have tried to legislatively, programmatically, funding-wise, develop a whole continuum of resources. And we had a fight over legislation around emergency shelter. Agencies fought with one another, and out of it did come some legislation, did come some demonstration programs, but also a group of our agencies on one side of the city, who were on opposite sides of that issue, began to get together and network, and we now every other week sit down, clinically go over kids that we are meeting, sharing information on kids as appropriate, and are doing tremendous networking so that the services are not being replicated but rather are complementary to one another.

We also are involved in a project funded by OSAP, as I mentioned in my statement—the Office of Substance Abuse Prevention—that is a project of seven agencies providing a variety of services, a continuum of services, and again we are finding that it is tremendously successful in being able to—while we may only do outreach and have a foster care program, we can get counseling, we can get other kinds of job training programs very quickly and access them very quickly with the kids and are finding it successful, and I think it is project that OSAP is looking at to possibly replicate.

Senator DODD. Terrific.

Ms. SHORE. I would just add that this is such an underserved population, so there are lots of young people who can avail themselves of particular services that already exist, but the young people that we really struggle so much with are the kids where there aren't the basic services for them. So, utilizing some of the other, complementary services is a secondary issue to some extent. If you don't have a place to live, it is really hard to maintain a job, and it is really hard to go to a training program.

So I think that it is the kids who fall through the cracks that sort of cannot access whatever exists because the basic things are not there for them.

Mr. SMALL. In Kansas City, about 80 percent of the young people that we see come from the metropolitan area. If there is one bar-

rier—big barrier—in regard to working with those young people, it is the State line. Kansas City, KS is divided by the State line of the Missouri River which runs between the two Kansas Cities. So sometimes that becomes a barrier to working with young people as they cross back and forth across the State line.

But we feel real good about the networking services that we do have. We have linked up with probably the two biggest entities in our particular area, the mental health association, and the family and children's agency. One of the things that we try to do is to break down the barriers of communication and the barriers of big agency versus little agency, "We got it all versus you have a little"—we try to work very hard to do the very best for the particular family.

In our particular case, every young person who comes to our door, especially those who are in the surrounding counties or areas of Kansas City, will be hooked up with one of the family and children's services in that area before they leave our doors. That is to ensure that services will be rendered to them, so that helps—along with the police department. Again, I can't say enough about the police in our area. We have police departments in the outlying areas of the metropolitan areas, as far away as 60 miles, who will bring youth to us and will supply a counselor from their staff to assist our counselors to help work with that family.

Senator DODD. That is very encouraging to hear that; that is good news.

I don't know if all of you were sitting here when I raised the question with Dr. Horn about the data issue, but I don't want you to leave without quickly giving me an assessment of that problem. He hasn't made a decision, regarding the return to mandating the collection of data from shelters. The question of what sort of information you collect and how the information should be analyzed is still outstanding. But I wonder if you might quickly comment on the notion of mandated data collection, what your reactions are to that and related issues, just quickly.

Mr. SMALL. Well, as far as mandated, we are one of the participating agencies that do the Youth Information Forms, and we do them on a regular basis. It would not be any problem for us to continue that, whether mandated or as at present, as a voluntary situation.

Senator DODD. You don't feel like you'd run the risk of having some people that you might otherwise want to be serving, since they come in voluntarily, getting nervous about data being collected, that fear that is raised by some that you'd discourage the very population that you are trying to encourage to come in?

Mr. SMALL. At this particular time I would not see any problem with that.

Senator DODD. All right.

Mr. Behrens.

Reverend BEHRENS. Well, we are not involved in that particular data collection process. We have just begun to get some of that money, and I have not figured out all the forms yet.

I'm not opposed to giving data. I think it is helpful in policymaking and informing the policymakers. And we have for the one OSAP project provided data, and while my staff have been particu-

larly resistant to it, they are also now beginning to see that there are some positive results to it as well.

Senator DODD. OK.

Deborah?

Ms. SHORE. I have no problem. We have participated ever since we've gotten funding in giving data, and I also agree that it is very important in terms of policy. I would say that in terms of how you might do it, there are ways to collect that data—not necessarily sitting down and directly interviewing a young person—if there is a concern about confidentiality.

Senator DODD. I would be interested in your thoughts on that, all of you, and would ask Ms. Price as well the same question. But I sense that Dr. Horn is very interested in getting some direction from the Congress as well as to how we might best work on that, so some practical ideas you have—I think we all realize how important it is to have that data so that we can start making intelligent decisions about some of the very questions you have raised here today.

Ms. Price, what is your experience?

Ms. PRICE. We have not had any difficulty in providing the data. Part of it is that we also run a long-term substance abuse counseling program that has much, much more stringent data requirements coming from the State Department of Public Health, so that the Federal forms are not nearly as difficult for us.

What we do find is that it is sometimes hard with it to capture the true picture of this kid, because very often they are not disclosing information to us until we have known them for quite a long period of time. So that, for example, if we look at what is the incidence of sexual abuse among our runaways, if we look at it during the first week or two that we are working with them, it is very low; and yet if you look at who is in our residential program after we have been working with these kids for 6 or 8 months, it begins to approach 100 percent. And I believe it is because the kids are not going to tell us that information until we have gained their trust.

So that in that sense, I don't think it is really totally accurate, but I don't know any way around that problem.

Senator DODD. Well, again, any thoughts you have, all of you, on how to improve that, I think it is an important issue, and I sense the Department is interested in moving forward on that, and that is a good sign. They just want to make sure it is done right and done well.

I'm sure some of my other colleagues will have questions for you. I apologize, with votes occurring, and other committee hearings going on, it is always difficult for my colleagues, who very much want to participate, to come by.

I mentioned Paul Simon earlier, my colleague, who has done a great deal of work already with the General Accounting Office report, and numerous other people on this committee have a deep interest in this subject matter, and they may have some questions for you, and we'll submit those in writing to you and ask if you could respond to those in the appropriate time.

Again I want to thank you for coming in, some of you from some distance. Deborah, you had the easiest trip, I guess, just across

town, to be here, and we'd like to stay in touch with you as we work on this legislation.

I might suggest as well that in your respective States and others from the National Network of Runaway Youth Services who are still here and will carry the message back, I would hope you might during the recess periods this year in Congress invite members of the Congressional delegations in your States to come by and see what you do. These can become subjects of hearings, but to actually go down and spend a couple of hours, maybe in the evening, at peak hours when people are coming in, maybe in the van in a place like Boston—you will find my colleagues are very receptive to being helpful in these areas. The difficulty arises in what best to do and how best to do it. I think if they get a chance to see and talk to some of these young people about why they have run away, why they are in a homeless situation, or what has caused the situation to reach the crisis point where they made the decision to leave home, could be very, very helpful to them in getting a feel for this complex problem.

So I would urge you to do that, and urge you to extent that invitation to your colleagues during this National Conference week, that sometime during the year, that in their respective Congressional Districts and States, they extend an invitation to the members of Congress in those States to actually witness what goes on in the program—and Deborah, you can do it with every member of Congress here in Washington; you have no excuse at all.

Ms. SHORE. I hope that you will facilitate that.

Senator DODD. Absolutely, I would; I think it is important that people see these programs, and I think they would like to see them. A lot of times, it takes just an invitation to come down and make it available to them.

I want to thank Ruth Wassen, of CRS, who has been tremendously helpful to us; Nexus Nichols of the National Network of Runaway Youth, who has been very, very helpful putting together this hearing; and Ellen Radish, of the General Accounting Office, also for all the help we have received up until now on this matter. It has all been very worthwhile.

We thank everyone for their participation today, and those of you who have waited a long time in this room. We will stay in touch with all of you as we proceed forward on this matter.

[Additional statements and material submitted for the record follow:]

PREPARED STATEMENT OF MARY H. MILLER

"Never in the history of this country has the importance of sheltering children from the risks and demoralizing atmosphere of street life...been less in need of argument."
(Government Report, England, 1915, Schatz, 1988)

INTRODUCTION

Runaway youth shelters came into being in the late 1960's "...to provide - without stigma or constraint - temporary food, shelter and counseling..." (Gordon, 1978, p.92) to the many youth who left home to "find themselves", explore the country, express dissatisfaction with current social norms, or to those who found it impossible to remain at home because of physical or sexual abuse, neglect, psychiatric illness of their parents or their own emotional problems. Since that time, youth shelters have increasingly served the needs of the last group, the abused, neglected and "thrown away" youth with their resultant psychiatric and emotional problems (Engel and Lau, 1983; Farber and Kinast, 1984; Schatz, 1988).

Youth who enter shelters enter for a variety of reasons. Some come from their own homes (often abusive or neglectful) or foster care, some from other institutions (detention facilities, psychiatric hospitals, residential treatment facilities, other shelters) and some come from the street. Some are on medication for physical or psychiatric problems, some are pregnant, and some have diagnosed or undiagnosed potentially contagious diseases (staph infections, sexually transmitted diseases, or possibly AIDS). They may suffer from conditions such as malnutrition, poor hygiene, lice and dental decay (Engel and Lau, 1983). Some move immediately on to another institution, specifically to the psychiatric unit of a hospital, while others may do so after a few weeks in the shelter. Others, perhaps awaiting entrance into an already crowded residential facility or group home may stay at the

shelter for as long as three to four months. Some of the youth are able to return to their homes after a "cooling off" period during which individual and family psycho-social supports are put into place by the child protective agency or the shelter staff. Some, the "urban nomads", drift to the street, to a friend's home, to another shelter, staying wherever they can survive physically and emotionally for a while.

The services that shelters provide are varied according to size, location, financial support available, and the criteria each establishes for admission to the shelter. All provide at least 24-hour-a-day, 7-day-a-week emergency services, ("three hots and a cot") access to educational services (although not all provide classes that receive credit), and some type of crisis intervention counseling. Some shelters additionally provide social work services and psychiatric evaluation (or psychiatric consultation), recreational services, and medical/nursing services. Outpatient services and "day treatment" services, alcohol and drug abuse counseling, and follow-up care may additionally be provided at some shelters. (Gordon, 1978)

Although homeless and runaway youth have historically been a part of society and romanticized in literature by authors such as Mark Twain and Charles Dickens (Kufeldt and Nimmo, 1987), the problems of this population are more evident as the structure of the family and society changes and social institutions outside the family take on a larger role in caring for children and youth. Additionally, the needs of the youths who currently enter shelters have become increasingly acute as the psychiatric and mental health systems have changed. Inpatient units now only serve the most

severely disturbed youth and the frequent lack of appropriate after care now forces children and youth through "...the same revolving door ... which adult chronic mental patients have been cycling since state hospital discharged much of their populations in the early 1970's." (Jemerlin and Phillips, 1988). Given this changing shelter population, it is important to define the role of youth shelters on the continuum of out of home care for children and youth, and to describe the spectrum of Services that shelters should offer. The Connecticut Department of Children and Youth Services (DCYS) Residential Study Work Group, in 1988, issued the following recommendations regarding the role and function of youth shelters in Connecticut:

> "The Work Group strongly recommends that there be clarification of the purpose of shelters and the populations for which shelter care is appropriate, since shelters now serve a wide variety of youth together. Resources are also needed for clinical consultation, and it is suggested that shelters be linked to residential treatment programs or other community agencies with clinical back-up capability. ...Services are also needed for populations currently underserved including: special needs children, firesetters; assaultive youth; sexual offenders; and out-of-state runaways, who are usually placed in corrections settings. A clearer definition of the use of shelter care and the addition of family-based care might aid in meeting the needs of these underserved populations, but other mechanisms may need to be considered as well." (DCYS, 1988, p.14.)

The above group also recommended that:

> " 30 to 60-day diagnosis and assessment services should be developed in each region, operated by DCYS. Because of the lack of beds specifically designated for short-term diagnosis and assessment, the Work Group recommends that this capacity be developed in

> each region for children who are non-committable (to Hospitals) or non-detainable (at Long Lane). ... It is envisioned that this would be a short-term service lasting 30 to 60 days. In order for this to be successful, however, there must be ways of insuring movement through the system so that beds do not become backlogged with children awaiting placement at other facilities." (DCYS, 1988, p.16)

As some shelters are currently serving a population in need of diagnostic and assessment services, a logical step would be to provide these services at youth shelters in each service region. One shelter which is currently attempting to provide these services but which is severely hampered by lack of definition of it's role and by inadequate financial and programmatic resources is the Douglas House.

MENTAL HEALTH CONSULTATION AT AN EMERGENCY SHELTER

The Douglas House Emergency Shelter, a thirteen bed co-ed facility for youths aged 12 thru 17, is located in New Haven, Connecticut, in an inner city, generally poor, minority neighborhood. The shelter has been in operation since 1981, and is owned by the Youth Continuum of the Training Research Institute for Residential Youth Centers, Inc. (TRI-RYC), a not-for-profit organization, which also operates two adolescent group homes. The shelter receives funds from DCYS, the Department of Health and Human Services, and other sources. The shelter is staffed by a project director, a social worker, a part-time crisis intervention worker, a part-time special education teacher, and child care workers, with varying degrees of education, training and skills.

In the Spring of 1986, the Yale Child Study Center was asked

to provide mental health consultation to the shelter. Through the use of naturalistic methods, consultants were able to learn about the "culture" of the Shelter by experiencing the day to day operation first hand. As a result of consultation with the staff and direct interaction with shelter residents, the rate of unplanned discharge was decreased from 43.5% to 18% over a six month period. (Grigsby, Nagler, Adnopoz, 1987, p.10.)

The initial consultation agreement covered only a 6 month period. However, the initial results were favorable enough that funding was made available on an on-going basis (in December, 1986) and the consultation resumed. In the interim, the agency Executive Director, the Shelter director, and the Shelter social worker left the agency, as did several staff members who were employed as resident advisors at the shelter. When the consultation actually resumed, many of the "players" were persons who had recently been hired. This presented additional challenge as the routine of the agency and of the shelter were in transition.

As planned, the consultant from Yale Child Study Center reentered the shelter in a manner that was similar to that of a field researcher or ethnographer who enters a "foreign culture" as a participant observer. This was somewhat easier than the initial entry, as some staff were familiar with the consultant and were pleased (and relieved) that the consultation was to resume. Since that time, the consultation has continued for more than two years. An additional faculty member from Yale Child Study Center has assumed the responsibility of providing clinical supervision to the crisis intervention worker and the social worker. The "in house" consultant has continued his role at the shelter on an almost daily

basis.

Since the beginning of the consultation in April 1986, over 500 adolescents have been placed at the shelter. The rate of staff turnover has been high; most of the staff have left the shelter for other positions, or for graduate education, but a few persons are still employed as resident advisors. In some ways, the in-house consultant has provided historical continuity within the shelter, as the consultant has been involved longer than any of the professional staff (director, teacher, social worker, crisis intervention worker) and longer than most of the resident advisors. Through this day to day, intimate relationship with the shelter, the staff, and the residents, a much clearer understanding of the shelter and of the population served has been reached. Again, as described in the initial report of this project:

> "The shelter program is not treatment-[The consultation] is a use of clinical consultation skills, insight, and knowledge to support those who are on the front line--to help them understand the strengths, as well as the pathology, of the individual clients and gain insight into the group dynamics within the Shelter in which staff, themselves, are important elements. The immediate goal of such work is to stabilize the child's placement and reduce what we have characterized as the "Ping-Pong" of multiple placements and removals."
> (Grigsby, Nagler, Adnopoz, 1987 p.12.)

As the work has continued, the learning has continued. Daily involvement in the Shelter has provided a "feedback loop" that has helped to bring to light the limitations of the current shelter program. It has become clear that the present shelter care program is inadequate. In order to provide a shelter care program that is

more responsive to the needs of the children that are served, major changes will be necessary. In light of this, a model for a prototype shelter program has been developed and is presented in the following pages.

Description Of Youth Currently Utilizing Douglas House

The diversity and multi faceted needs of the population sheltered at Douglas House are reflected in the monthly data that is collected by DCYS on all shelters in the state (including the State Receiving Home). Based on a 8 month sample from the year 1988, Douglas House admitted approximately 150 youths; approximately 43% were females, and 38% were males (19% Missing data). Approximately 39% of the youths were white, 33% black and 7% were hispanic (19% missing data); 67% were in the age group 14-17, 39% in the 14-15 age group, and 28% were in the 16-17 year old age group. (19% missing data). The Region II DCYS office, the region in which the shelter is located, referred 27%, 23% were referred by DCYS out of the area, and 9% were referred by the DCYS Careline. Parents accounted for 9% of the referrals, 8% were referred by the police, 3% by hospitals, and 3% were referred by a court or attorney. Regarding the living situation of the youth prior to admission, 12% were admitted from detention or jail, 10% were admitted from another shelter, 8% from the street, 4% from a hospital, 2% from a residential facility, (21% of the data was missing from these statistics.) 26% were admitted under the DCYS status of "abused/neglected/committed", 23% were "not DCYS", 15% were under the "protective service" status, 12% were under the "non-committed treatment plan status", 1% were "family with service

needs youth", and 22% of this data was missing.

Programmatically the data indicates that 17% of the youth admitted to the shelter came from a highly structured environment (residential facility, detention/jail/, or hospital), and 35% came from their own, a relative's, or friend's home. 53% of the youths have "abused/neglected/committed, protective service or non-committed treatment status" indicating that they may have the needs that require substantially more than "three-hots-and-a-cot".

The on going, naturalistic involvement in the day to day operations at Douglas House has helped to confirm that many of the shelter residents experience acute mental health crises as part of the "life crisis" that has necessitated their admission to the shelter. Many of these residents have experienced psychiatric hospitalization and many have had previous placements in residential treatment programs. Their "acting out" behavior often calls for a behavior management program that is not offered by the shelter. Because of the high rate of resident turnover and the relative lack of structure, an incentive based, behavior management program, such as a levels system can not be implemented in the same way that such a system could be used in a residential treatment setting. Referral agencies do expect, however, that the shelter program will be able to maintain residents who exhibit behavioral problems and who are often awaiting placement in residential treatment programs. The present shelter program is not adequate in that the expectations of the program surpass it's abilities to meet them. In order to adequately serve the young persons who enter shelter placement, a more effective shelter program is needed.

Building A Better Shelter Program.

Based upon our experience in the shelter environment, we recommend that the model shelter program provide for both shelter care and for adequate diagnostic and assessment services. Many of the youths who are served in the shelter program have psychiatric histories. An appropriate shelter care program should adopt admission and discharge criteria that are reflective of the needs of a population that is diverse and that presents with behavioral problems that may call for intensive intervention.

To assure that the shelter doors are to be opened "as wide as possible" to permit those most in need to enter, and to create an environment that is tolerant of the youths' culture, behaviors, beliefs, and life style choices a non-judgmental philosophy is required. Intake staff should be trained to seek information from a wide variety of sources familiar with each youth. The child care staff should be trained, supported, and supervised to work with a diverse population, such as that seen at the Douglas youth shelter. For the purpose of our model, it may be appropriate to describe the types of youth that should not be admitted to the shelter.

Children who are twelve years of age or younger should not be admitted to the shelter. In cases where younger persons are admitted they are at risk for exploitation by older more "street wise" residents. At best, they may become the group's "mascot". Some twelve year olds who are more advanced in their physical, social, and emotional development appear to do fairly well in the shelter setting. Even some thirteen year olds are not physically, socially, or emotionally developed to the point where shelter

placement is successful. Physical development appears to be a useful guide. If a child is not a physically mature adolescent, shelter placement is probably not indicated.

Children who are being discharged from hospitals, (especially psychiatric hospitals) should not be directly admitted from the hospital to the shelter. Such an abrupt change in the level of structure and staffing appears to present too rapid a transition for most youths. Persons coming from hospitals are often taking psychotropic medication and the shelter staff may not have the level of training that is necessary in order to adequately administer and monitor medication.

Persons who have had previous placements at the shelter and have been discharged after violently assaulting a staff member or peer should be carefully re-evaluated for repeat admission. These youths will tend to be unsuccessful if re-admitted. At times, however, persons have returned successfully even after an unplanned discharge due to arrest for assault. Support for shelter staff and carefully individualized case planning can sometimes result in a successful readmission of this type.

Persons who are actively homicidal, suicidal, or assaultive should also be excluded from admission as the shelter facility and program can not adequately deal with this level of violence. In this case, "actively assaultive" youth is defined as one who openly threatens serious injury to other persons, either verbally or physically, and it is determined that the person is sincere in the threat. A history of assaultive behavior or psychological reports that indicate assaultive ideation and intent would confirm this sincerity. "Actively suicidal" or homicidal defines a condition

in which persons openly or covertly threaten to kill themselves or others.

Persons who have a history of fire setting and who are thought to be at risk for actively setting fires should also be excluded from admission. Persons who have been involved with fire setting, but who have had several years of more appropriate behavior since the fire setting incident should be considered for admission.

Finally, youth with serious medical problems that require special medical care or equipment can not be maintained in a shelter care situation. For example, asthma should not disqualify someone from admission, but a person with asthma who requires a respirator could not be adequately cared for in the shelter.

Other than the situations described above, the shelter should be able to accept any child as long as the physical plant, the program, and the level of staff training and supervision are adequate.

Equal to the importance of admission and discharge criteria, are the daily program of activities and the guidelines for behavior that is expected of the youth. Both need to be structured and clearly outlined, to provide as much predictability as is possible for their currently chaotic and ambiguous lives. It is likely that many of these youth have experienced erratic and unpredictable responses to their behaviors in the past by their families, which may have contributed to some of the disturbances in behavior that they currently exhibit. Additionally, many of the youth entering the shelter lack the internal controls to moderate their impulses, and require external controls to help them maintain appropriate behaviors. A structured program helps to provide these youth with

at least a temporary sense of security. The program should also have the flexibility to meet the needs of youth unable to fully participate for such reasons as suffering from the side effects of psychotropic medication, illness, pregnancy, or severe responses to external stressors in their lives (recent rape, death of a family member etc.)

The description of the types of youth entering the shelter reinforces the importance of the skills needed by the staff in working with these youth. The child care workers have 24 hour a day contact with the residents of the shelter and consequently have the greatest opportunity to make a positive impact on the lives of the youth. Harrington and Honda (1986) have defined four roles of the group home direct care worker which are applicable to a youth shelter. These roles require adequate training and supervision if they are to be implemented. The first role the authors discuss is that of the therapeutic counselor. In this role the child care worker combines the skills of active listening, problem solving, describing behavior, and providing feedback to clients. The worker helps the youth to understand how his or her behavior impacts others and supports the youth to make constructive changes.

The second role the authors discuss is that of the manager. This involves managing activities of daily living (getting the youth up and dressed, supervising meals, shopping, chores etc.) and managing individual and group behavior. In this role the worker needs to have organizational skills along with a thorough understanding of group dynamics.

The third role delineated is that of teacher and role model for appropriate behaviors and responses to others in the

environment. This requires self awareness on the part of the worker and conscious responses to others in the environment. The fourth role discussed is that of a relationship builder which, although more nebulous, is probably the most important. The worker helps the youth to build more healthy relationships with peers as well as with adults and family members. This role encourages the youth to obtain support and caring from others who can continue to support the youth after he or she leaves the shelter. These roles not only require a high level of energy and an understanding of adolescents, but they also require supervision by trained clinical staff and opportunities for regular continuing education. It is important that staff members have the basic skills necessary to make use of this training and supervision or it will be worthless.

The child care workers need to have adequate facilities in which they can carry out their work with the residents. This means a building physically designed to permit the residents freedom of movement while allowing the staff to easily supervise them and observe behaviors. The building must be sturdy enough to permit the discharge of healthy adolescent energy, and to allow for group activities as well as areas for retreat and privacy. Indoor and outdoor recreational facilities must be available to the youth (Sec. 17-48-78, State Statutes on Operation of Child Caring Facilities), and staff trained in recreational therapy should be available to work with them on at least a part-time basis, to teach healthy ways of coping with stress and facilitate group interaction.

The shelter needs to provide classroom education for which the residents may receive credit from their own school. These

educational services should be provided on site at the shelter for those residents from other regions or states. For residents from within the shelter school district, transportation and ongoing contact needs to be available between the shelter and the school. Because shelter residents are often from school districts that are too far away to permit on-going participation in their home school programs, the on-site educational services should be structured so that residents continue to earn credit for the course work that they complete while they are in the shelter. This could be facilitated if the educational programs in the shelters were made part of the "Unified School District" which includes such State institutions as Long Lane school and High Meadows. This would also offer some degree of quality assurance.

Service And Triage In The Shelter Environment

An adequate emergency shelter should provide for the medical and dental needs of residents who are in need of these services. Often children who have been living on the street or who have had less than adequate care in their own home or foster homes are in acute need of medical evaluation and treatment. Many female residents enter the shelter with the suspicion that they might be pregnant. Male residents who have engaged in "hustling" are often concerned that they may have contracted sexually transmitted diseases. In recent times, concern about possible HIV infection is mentioned more frequently. The shelter should have immediate access to appropriate services so that children do not remain without treatment if they are at risk. Provision for in-house treatment and adequate follow up should also be an integral part

of the shelter program. Appropriate hygiene and body fluid contamination procedures must be routine rather than the exception. The shelter needs to be able to provide management of medication administration as part of its basic care to the youth. Often, either prior to admission or during their stay at the shelter, youth are treated for medical problems such as infections, or seizure disorders, which require medication as part of the treatment. Some residents may require an antidepressant or other psychotropic medication. The administration of the medication and observation for therapeutic effects and side effects needs to be monitored. This can be done either by nurses on the staff, or by nurses contracted for through the local Visiting Nurses Association (VNA). The state statutes permit medication by unlicensed personnel in shelters but require that these personnel be trained to carry out this responsibility. (Sec. 17-48-74, Statues on Operation of Child Caring Facilities). While this is not the ideal way, it may be the realistic way in light of the cost of providing round the clock nursing services. The shelter should provide education for staff in this area, and have clear criteria for training and monitoring.

The diagnostic and assessment function of the shelter requires access to clinically trained professionals. Social workers, clinical nurse specialists, and psychologists need to be in contact with the youth and the staff on a regular basis (as in-house staff at least on a part-time basis). It is not feasible to consider transporting residents to other agencies outside of the shelter for evaluation unless necessary (such as in cases where a resident needs to be hospitalized). Health and mental health evaluations

should be completed in-house when shelter residents present with symptoms that indicate that such evaluations are necessary. It would not be appropriate or cost efficient to systematically evaluate every resident upon admission. In fact, mental status examination of each resident would be intrusive. Clinically trained staff would have the knowledge base that would allow them to make the appropriate decisions as to whether a resident's problems and behavior can be dealt with "in house" or whether a resident is in need of help from a resource outside of the shelter. In order to facilitate timely referral and treatment by outside sources, hospital based psychiatric and medical evaluation services need to be contracted for with clear guidelines for their usage, and available on a 24-hour, 7-day-a-week basis.

Close team work is essential between the child care workers and the clinical staff in order to carry out the diagnostic and assessment portion of the shelter plan. Brief team meetings (daily during the week) should be held to review the individual and group behaviors, plan for the shelter care program of each youth, and discuss problems that child care workers are having in caring for the youth. This would not only provide the clinicians with input for their assessment of the youth, but would also provide support and education for the workers.

Administratively the shelter needs to have clear lines of authority, with a professional trained in clinical as well as management skills directing the shelter. This person needs to be able to work not only with staff inside the shelter, but also with the surrounding community and other child caring agencies.

Case management services need to be based in the shelter in

order to connect the shelter services with outside agencies and to coordinate the plans for the residents after they leave the shelter. This may require a DCYS worker, who functions as 'care manager, to be placed in the shelter on at least a part-time basis, with that person coordinating the care of the youth who enter the shelter even if from another region. This would reduce both the time DCYS workers spend traveling to and from the shelter, and the time that shelter workers currently spend trying to make contact with DCYS workers who are in the field and often from other regions.

Case management should involve the resident to the greatest extent possible in the decision making process with regard to placement. It is imperative that all parties involved in planning for placement following discharge from the shelter work to develop a permanent plan for placement in a timely manner. It should be stressed that the shelter is <u>not</u> a placement. Three years of daily involvement with the shelter have taught the lesson that a shelter stay is seldom a positive or even neutral experience. The youth who is placed in the shelter is often in the midst of a negative experience and the shelter stay is a continuation of such negative experiences in the youth's life. It is important that the emergency youth shelter be more than "three hots and a cot". It is an opportunity to engage in assessment of and planning for the best interests of the youth. Diagnostic and assessment services should be part of the "work" that is completed while the youth is in the shelter and used in the important work of planning for more permanent placement. Shelters can perform a vital "triage" function that would allow for appropriate case disposition in a

timely manner, usually 30 days or less. Stays of over thirty days often result in the resident asking to leave, being asked to leave because of negative behavior, or in unplanned discharge to the juvenile justice or mental health systems. Active visitation by the family, peer group, and other persons, from the youth's community should not only be permitted, but should be encouraged.

In summary, the development of more effective shelter programs will require that the Youth Continuum, DCYS, and Yale Child Study Center work together to enable the shelter experience to be an important element in the child welfare/child mental health continuum. In order to do this, the present shelter care system will have to be upgraded so that it includes the following:

-Admission and discharge criteria that provide for the acceptance of the widest population as possible.

-Shelter based assessment, diagnostic, and placement planning services which provide for case "triage" as well as for safe respite care and behavior management.

-A clearly structured program that utilizes a non-punitive behavior management approach and offers residents incentives for appropriate behavior.

-A staff that is clinically informed and trained in adolescent development behavior management principles and group dynamics.

-On site case management for residents who are under DCYS supervision.

-Case planning that facilitates timely discharge (in most cases, 30 days or less).

-An adequate physical plant that allows residents freedom of

movement, yet also permits easy supervision by staff.

-Classroom education that offers school credit to all students.

-Access to appropriate medical and dental services, including shelter based mental health services and medication supervision.

-An administrative structure that facilitates positive relationships with the shelter staff and with the larger community outside of the shelter.

BIBLIOGRAPHY

Adams, G.,Gulotta, T and Clancy, M.A., (1985) Homeless Adolescents: A Descriptive Study of Similarities and Differences Between Runaways and Throwaways. ADOLESCENCE 20(79) pp.715-724.

Burgess, Ann W. ; Janus Mark-David,; McCormack, Arlene,;and Wood Judith. (1986) Canadian Runaways : Children in Turmoil, Running for Their Lives; Mimeograph Panel Presentation: Symposium on Street Youth; Sponsored by Covenant House Toronto, Canada.

Child Welfare League of America (1988) Report of the CWLA Task Force on Children and HIV Infection. Washington D.C. Child Welfare Leauge of America, p. 28

Cohen, N (1986). Quality of Care for Youth in Group Homes. CHILD WELFARE 65 (5). pp.481-491.

Connecticut Statutes. 17-48-75. Health and Medical Treatment. Under Operation of Child Caring Agencies and Facilities.

Dennick, G. Guest Editorial: Medication Administration by Unlicensed Personnel. (981) May-June STAT Newsletter of the Wisconsin Nurses Association. Madison Wisconsin. pp.32-33.

Engel, N. and Lau A.D. (1983) Nursing Care For The Adolescent Urban Nomad Maternal Child Nursing 8, pp 74-77

Farber, E., Kinast, C., McCoard, W. Douglas., Falkner, Deborah. (1984) Violence in Families of Adolescent Runaways. Child Abuse and Neglect (8) pp 295-299.

Gordon, J.S. (1978) The Runaway Center A Community Mental Health Center. American Journal Of Psychiatry 135 (8) pp 932-935.

Grigsby, R.K.; Nagler, S.; Adnopoz, J. (1987). "A Model For Mental Health Consultation At A Shelter For Homeless Youth" Unpublished Document Yale University Child Study Center.

Harrington, WA, and Honda, Gloria J. (1986) The Roles of the Group Home Direct Care Worker. Community Mental Health Journal Vol 22 (1) Spring pp 27-38

Jemerlin, John M., and Phillips Irving (1988). Changes in Inpatient Child Psychiatry: Consequences and Recommendations. J. am acad. Child and Adolescent Psychiatry 27:4 pp 397-403

Kufeldt, Kathleen, and Nimmo, Margaret. (1987). Youth on the Street: Abuse and Neglect in the Eighties. Child Abuse and Neglect Vol II pp 531-543.

Krenk, Christopher (1984). Training Residence Staff for Child Abuse Treatment. Child Welfare IXIII (2) March-April pp 167-173.

Lynch, B. and Scacciaferro, A. (1988) Report of the Residential Study/work Group; Findings and Recommendations. Connecticut Department of Children and Youth Services. April.

Mathai, John and Taylor, Bill (1985) Staff Perceptions of Adolescent Behavior Problems. Journal of Adolescence(8) pp 241-254.

Palenski, Joseph, and Laurner, Harold M. (1987) The "Process" of Running Away: A Redefinition. Adolescence Vol XXII 86: pp 347-362.

Rose, Melvin (1987) "The Function of Food in Residential Treatment" Journal of Adolescence Vol 10, pp 149-162.

Schatz, Norma H. (ed) (1988) Update: Concerning Runaways. Newsletter of the Collaboration for Connecticut's Children, Hartford, CT May

Youth and Family Assistance

JOINT PREPARED STATEMENT OF CAROL WELSH AND MICHAEL HUTTON

Honorable Senators:

We would like to bring to your attention the issue of homeless youth in the suburbs. In a suburban setting, the problem of homeless youth is less apparent than in an urban setting as these children do not congregate in visible groups or locations. They are local children, within 10 miles of home, and most of them have been on the streets for one month or less.

On the suburban peninsula south of San Francisco, California, recent studies have shown 700-900 homeless youths on the streets any night. Ninety-percent of these children, ranging from 12-17 years of age, are victims of family substance abuse, sexual abuse and family violence. The primary need for these youth is shelter or a place to live. Currently, Youth and Family Assistance operates the Community Living Room, a daytime drop-in center for these homeless children. Efforts to re-enroll these youths in school, find them jobs, develop job-related skills, deal with substance abuse and other mental health issues, are hampered by the lack of housing or shelter opportunities.

These youth also have unaddressed health-related problems, such as teen pregnancy and sexually transmitted diseases including Aids. In addition, they struggle with undiagnosed and untreated learning disabilities, low self-esteem, and poor impulse control, which cannot be addressed when lack of a place to stay remains their primary concern.

A group of eight women from the Junior League of Palo Alto have spent the last nine months struggling to address this tragic situation working in collaboration with Youth and Family Assistance. We have been developing a shelter to serve these teens who cannot return home. The courts and foster

care system are overburdened and they therefore focus on those youths under 12 years. The Your House programs, also located in San Mateo County, are designed to reunify runaway youths with their families. If family reunification has failed and the teens have not committed crimes, they wander the streets, surviving on drug sales, prostitution and panhandling.

Our vision for the *Daybreak* Shelter involves more than a Band-Aid approach, but rather a comprehensive network of support services to place the children in schools, provide them with job training and teach them independent living skills so that they may successfully make it on their own. It is an ambitious undertaking, especially difficult when we have to work without parental consent.

Our partnership has relied heavily on the private sector to make *Daybreak* Shelter a reality. Though we have secured two-thirds of our funding for the first year of operation, we have only partially achieved our goal of securing commitments from foundations for three years of funding. Foundations prefer to offer first-year funding to new projects, but they are reluctant to tie up their funds for a longer period, knowing that the multitude of social needs will elicit many other requests in years to come. While our project has wide-based community support, there is a great need for long-term government funding.

We are working to confront legal issues which face any shelter, in particular, the gaining of city permits and the approval of the neighbors. There needs to be future planning by cities as to where they prefer zoning for group homes such as these.

We are finding it very difficult to find health care for these homeless youth. They have no income, and in addition, the lack

of parental consent raises liability issues for health care providers.

Following their three-month stay at *Daybreak*, these youths will need low-income housing with continued support from their mentors as they strive for self-sufficiency. The lack of affordable housing is, of course, a major problem in our area, especially for these children who must assume responsibilities for schooling as well as employment in order to have a future in our society.

We thank the Senators for their interest in homeless youth. Perhaps some of the problems of these children will be addressed by you in the near future.

Respectfully,

Carol H. Welsh

Carol Welsh
Chairman, Homeless
Task Force, Junior
League of Palo Alto
(415-948-5519)

Michael Hutton

Michael Hutton
Assistant Director
Youth and Family
Assistance

The subcommittee stands adjourned until further call of the chair.

[Whereupon, at 3:40 p.m., the subcommittee was adjourned.]

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